



UNEMPLOYMENT INSURANCE DATA VALIDATION HANDBOOK

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GLOSSARY

Data Validation Glossary of Terms

Independent Count Summary Spreadsheet - Results from independent count validation are entered onto this spreadsheet for comparison with the counts on the federal reports. (Appendix C/D)

Report Validation (RV) - A validation methodology which reconstructs reported transactions in mutually exclusive groups and compares the counts to the counts reported on federal reports. (Module 1)

Report Validation (RV) Files - These files include all of the information necessary for the validator to determine the accuracy of the UIRR report item counts; they are the basis for all Module 1 validation procedures. There are 14 sets of files produced, which correspond to the 14 types of benefits transaction populations being validated. (Module 1)

Report Validation (RV) Spreadsheet - The RV spreadsheets enable the State to compare the subpopulation counts with the federal report item counts for each of the 14 transaction populations. (Module 1)

Transaction Validation (TV) - A validation methodology which examines the accuracy of each characteristic or data element against all available information in the database, and, if necessary, against information in source documentation (notes, notices, etc). (Module 2)

Transaction Validation (TV) Summary and Analytical Reports - These reports are used to summarize and evaluate errors identified through the TV process. Each report summarizes the errors identified for random and supplemental samples of specific types of transactions. (Module 2)

Transaction Validation (TV) Worksheets - Worksheets that are used for Independent Transaction Validation. They contain the transactions sampled for validation as specified in Appendix A. The sampled transactions are drawn from the sorted files used to generate the RV files for each population. The worksheets guide the validator to the appropriate steps in the State-specific instructions for validating each relevant data element on the worksheet. (Module 2)

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This index identifies where ADP and validation staff can locate key terms in each module.

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INTRODUCTION

A. OBJECTIVES

As part of the New Deal initiatives, President Franklin D. Roosevelt and the Congressional Committee on Economic Security developed the nation's first unemployment insurance (UI) system as a major provision of the Social Security Act of 1935. Unemployment insurance initially was structured as a joint federal-State program and, through numerous legislative changes over the years, has remained so. Fifty-three State Employment Security Agencies (SESAs) administer 53 unique benefit entitlement programs. The Secretary of Labor is responsible for funding "proper and efficient" State administration of these programs.

The Federal Unemployment Tax Act (FUTA) authorizes the federal government to collect employer taxes; FUTA revenues are then redistributed to the States as administrative funding on the basis of the States' actual and projected workloads. States report to the U.S. Department of Labor (DOL) on a monthly and quarterly basis under the Unemployment Insurance Required Reports (UIRR) system.

The comprehensive data validation program described in this handbook is necessary to ensure the accuracy of the UIRR data. States themselves perform the validation, which is followed by federal regional office monitoring of the validation methodology and assessment of the results. This handbook provides detailed validation instructions for each State, ensuring that State and federal regional staff understand all relevant aspects of the State's benefits system.

UIRR data are used for economic statistics, to allocate UI administrative funding based on State workload, to measure State claimant eligibility criteria and performance in providing benefits, and to account for fund utilization. Because performance and workload data are used in State comparisons, it is essential that States report accurately and uniformly. Two principles underlie this comprehensive approach to benefits data validation:

- C If data are collected, they should be valid and usable.
- C Given the high degree of automation of UI benefits systems, it is feasible and cost-effective to validate all report items.

Table A (next page) shows the general types of benefits transaction data to be validated, the federal Employment Training Administration (ETA) reports on which they appear, and the uses of the data.

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TABLE A
GENERAL TYPES OF DATA TO BE VALIDATED

Data Type	ETA Report(s)	Economic Statistics	Funding Allocation/ Workload	Performance	Claimant Eligibility	Monitor Trust Fund Activity
Weeks Claimed	5159	X	X			
Final Payments	5159 218	X				
Claims and Claims Status ¹	5159 218 586	X	X		X	X
Payments	5159 586 9050 9051			X		X
Nonmonetary Determinations/ Redeterminations	207 9052 9053		X	X	X	
Appeals	5130 9054 9055		X	X	X	
Overpayments	227			X		X

¹The ETA 539, Weekly Claims Activity Report, is not included for validation. However, States are strongly encouraged to compare the total claims reported on the 539 to the 5159 Report for the same period to determine if the counts reported are the same or within $\pm 2\%$. If the counts vary significantly, then the State should investigate and advise its federal regional office of its findings and what it is doing to reconcile the differences.

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B. DATA ERRORS IDENTIFIED THROUGH VALIDATION

Systematic errors and random errors are the two major types of data error in federal UIRR reports. Systematic errors involve faulty design or execution of reporting programs. Random errors involve judgement and input errors. These two types of potential errors have separate causes but can be assessed through either independent or combined validation processes. Their major causes include reporting systems errors and human error.

Both systematic and random errors must be addressed in the validation design.

C **Systematic errors** are addressed through validation of the reporting programs that States use to create federal reports. Systematic errors tend to be constant and fall into one of three categories: 1) *too many transactions (overcounts)*, 2) *too few transactions (undercounts)*, 3) *transactions which are misclassified*. Systematic errors are the most serious because they occur repeatedly. They are also the easiest to detect and correct. A one-time adjustment in a retrieval code or calculation specification or staff retraining on a corrected definition or procedure will usually correct such errors. The accuracy of the allocation of transactions to federal report items is assessed by reconstructing the counts of transactions reported in each. This is a largely automated process involving minimum ongoing burden to State staff.² Errors stemming from human judgement can be either systematic or random. Systematic human errors occur when staff are using incorrect definitions or procedures. For example, a reporting unit may establish its own definition for a data element that conflicts with the federal definition (this can happen deliberately or inadvertently).

C **Random errors** are addressed through validation by evaluating the accuracy of data elements stored in the database for a random sample of transactions. Random errors tend to be variable, are always caused by human judgement, and fall into one of three categories: 1) *input errors*, 2) *judgement errors (as in nonmonetary determinations and appeals)*, or 3) *improper State definitions or procedures*. Randomly sampled transactions are subjected to a series of “logic rules” that validate the cases relative to their most definitive source documentation to test adherence to State

² Each population of transactions is broken down into mutually exclusive subpopulations, which match to items on the federal reports. Systematic errors do not need to be assessed very frequently, and each system error only needs to be corrected once. Transactions are subjected to a series of “logic rules” that validate them using their most definitive source documentation (such as database screens) to test programming accuracy.

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practices and federal definitions.³ As described subsequently, improper State definitions or procedures are documented in the State-specific handbook (Module 3) to aid State and federal staff in interpreting the validation results and in improving procedures.

Consistent and accurate reporting requires both good systems and good data--if either element does not pass validation, then the validation objective has not been achieved.

C. DATA SOURCES FOR FEDERAL REPORTING AND VALIDATION

Although States use different methods to prepare federal reports, the validation approach is the same in all cases: States support their reported figures by reconstructing the reported transactions. They do so regardless of whether the federal reports are produced directly from the benefits database, from a database extract or statistical file, or from a combination of these sources.

The validation methodology is flexible in accommodating the different systems that States use, as outlined in Table B.⁴ However, validation is most effective when validation data are produced directly from the benefits database. For cost reasons and for minimizing changes in data over time, some States prefer to use daily, weekly, or monthly statistical extract files instead.

³For nonmonetary determinations, appeals, and overpayments, paper files are the definitive source documentation. Judgement and definitional errors can be detected through the nonmonetary determination quality review (see HB 301 for details). These samples may also reveal input errors. It is thus necessary to review case files only for appeals and overpayments.

⁴Appendix A includes a table, “Determination of Appropriate State Validation Process”, that describes different validation processes used with different State reporting and validation data sources.

TABLE B

VARIATIONS IN VALIDATION METHODOLOGIES BASED ON STATE
APPROACHES TO REPORTING AND RECONSTRUCTION

Scenario	Transactions Overwritten on Database	ETA Required Reports			Data Validation			Independent Count Required	Source Documentation Review Required	Comments
		Program Type	Source	Timing	Program Type	Source	Timing			
1	No	Count	Database	Snapshot (for reporting period)	Detail Record Extract (DRE)	Database	Snapshot	No	No	<i>Best scenario because comparing snapshots eliminates timing discrepancies</i>
2	No	Count	Statistical file	Daily	DRE	Database	Snapshot	No	No	Database is only reconstruction source. <i>Could be changes in transaction characteristics</i> (but will find all transactions).
3	No	DRE	Database	Snapshot	DRE	Database	Snapshot	Yes	No	Reporting and validation are the same program. Independent count may mirror that program.
4	No	DRE	Statistical file	Daily	DRE	Statistical file	Daily	Yes	Yes	Since transactions are not overwritten, States should be able to do Scenario 2 instead.
5	Yes	DRE	Statistical file	Daily	DRE	Statistical file	Daily	NA	NA	No alternative validation source. Cannot reconstruct from the database. Not thorough validation.
6	Yes	Count	Statistical file	Daily	must create a daily extract	NA	NA	NA	NA	Can't reconstruct from database. Must change reporting process to Scenario 5.

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States that produce validation data from the same extract files used to produce the federal reports, rather than directly from the database, must ensure that the extract files contain all the appropriate transactions by recreating the logic used to produce the reports. This handbook includes a validation tool--“independent count validation” (Appendix C)--specifically for this purpose. Table B outlines variations in the validation methodology, based on the typical scenarios in State approaches to federal reporting and data validation reconstruction. For each population to be validated, the State validator or regional representative should describe the State’s federal report source and validation reconstruction source, to identify the specific validation methodology to be implemented.

D. BASIC VALIDATION APPROACH

The comprehensive validation methodology outlined in this handbook is necessary to ensure the accuracy of UIRR data. It meets the objective described earlier by validating most items on the UI required reports through processes that minimize validator time and ongoing State burden. The data validation program is highly automated and complements existing quality components (such as nonmonetary quality review). States themselves perform the validation, which is followed by federal regional office monitoring of the results. This handbook provides detailed validation instructions for each State, ensuring that State and federal regional staff understand all relevant aspects of the State’s benefit system.

This validation methodology reconstructs, for each federal report item to be validated, the count of transactions reported during a specific period. In specifying how to reconstruct reported transactions, the methodology provides a blueprint of the criteria that States should use in their federal reporting. This handbook therefore has two uses:

1. To provide technical assistance with federal reporting requirements
2. To guide States through the validation process

The reconstruction provides an audit trail to support the counts and classifications of these reported transactions. Validation of counts (report validation or RV) is best accomplished when the count of all the transactions reported in a federal report item have been reconstructed. For example, if a State reports 5,000 first payments during a month, then the State must print out the 5,000 first payments, including relevant characteristics of the transaction, such as the Social Security Number (SSN), the

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program code, and the mail date.⁵ The payments are sorted into groups that are used to reconstruct the counts in the appropriate items of the ETA 5159 and 9050 reports. After the entire count has been reconstructed, the validator compares a sample of these transactions with claimant benefit history records to ensure that the data on the file are correct. This validation of the characteristics of reported transactions is known as transaction validation (TV), which is addressed in detail in Module 2.

E. RECONSTRUCTING FEDERAL REPORT ITEMS

Given that there are 13 ETA reports to validate, with a total of 1,217 report items, this reconstruction could be a laborious process in terms of both design and implementation. Therefore, this handbook provides States with a set of analytical tools that streamline the validation process. A single UI benefits transaction (for example, a payment, a nonmonetary determination, or an appeal) can be reported in numerous federal report items. As an example, a first payment for a week of total unemployment, for an interstate claim with both UI and Unemployment Compensation for Federal Employees (UCFE) wages, is reported in eight items of the ETA 5159 report as well as in one item of the ETA 9050 report.

A general principle of the validation design is to print and analyze transactions only once, even if they appear in multiple items. This procedure is accomplished by classifying the transactions into mutually exclusive groups. Specifically, 14 types of transactions (referred to as populations), which are composed of 336 mutually exclusive groups (subpopulations), are validated. Each subpopulation represents a unique set of data elements or characteristics.

The first column of Table C (see next page) lists each transaction population, which is the type of reportable UI benefit activity being validated. The second column identifies the ETA Reports on which the transaction populations are reported.

The Reconstruction Period (third column) describes the time parameters that the programmer uses to select the population to be reconstructed. When the reports are monthly, the reconstruction can be for a single month, to match the reported counts.

⁵States are encouraged to produce paper files. However, if the population of transactions is excessively large, the State validator may choose to review the lists on-line. This issue is discussed in greater detail in Module 1. States that have severe systems limitations, such as manual systems, may have to modify the validation methodology in other ways. Any modifications or alternative validation approaches would require regional office approval.

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TABLE C
ETA REPORTS, BY TRANSACTION POPULATION

Transaction Population	ETA Report	Reconstruction Period	Number of Report Items	Number of Subpopulations ¹
1 - Weeks Claimed	5159 aw 5159	Month	9 1	10
2 - Final Payments	5159 aw 5159 218	Quarter	3 1 14	5
3 - Claims and Claims Status, and Monetary Determinations	5159 aw 5159 218 586	Quarter	19 2 20 4	54
4 - Payments	5159 aw 5159 9050 9051	Month	14 2 204 204	53
	586	Quarter	32	
5 - Nonmonetary Determinations and Redeterminations	207 9052 9053	Quarter	36 228 228	70
6 - Appeals Filed, Lower Authority	5130	Month	2	2
7 - Appeals Filed, Higher Authority	5130	Month	2	2
8 - Appeals Decisions, Lower Authority	5130 9054	Month	17 24	55
9 - Appeals Decisions, Higher Authority	5130 9054	Month	10 42	23
10 - Appeals Case Aging, Lower Authority	9055	Month	8	7
11 - Appeals Case Aging, Higher Authority	9055	Month	7	6
12 - Overpayments Established	227	Quarter	28	14
13 - Overpayment Reconciliation Activities	227	Quarter	44	22
14 - Age of Overpayments	227	Quarter	12	12
TOTAL			1,217	336

¹ This does not include extended benefits.

Note: When populations relate to both monthly and quarterly reports (2, 3, 5), it is preferable to reconstruct all the counts for a quarter. It is easier and more accurate to add three monthly counts to create a quarterly total for monthly reports, than to rerun the quarterly reports to obtain a month of data.

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When the reports are quarterly, or both monthly and quarterly reports are produced for the same type of transaction (for example, claims are reported on both the ETA 5159, a monthly report, and the ETA 218, a quarterly report), the reconstruction is for a quarter.

The Number of Report Items (fourth column) indicates the total number of items on each ETA report that is validated by each transaction population. The Number of Subpopulations (fifth column) refers to the number of subgroups into which the population is divided for validation purposes.

F. VALIDATION TECHNIQUES

Validating the counts of specific types of transactions, rather than validating report cells, eliminates duplication of effort in cases in which the identical transaction is reported in more than one item. The State validation burden has been minimized in other ways as well. For certain transaction types and for data obtained directly from the database (as opposed to a statistical file), States may be able to eliminate the need to retrieve and review source documentation (benefits history screens) to validate random samples of transactions. The validation files and worksheets can be programmed to include every data element required to validate a transaction, thus enabling the State to validate directly from the worksheets. This is the most automated level of validation. In States in which direct validation is not feasible, the validation burden may be minimized through automated generation of validation spreadsheets, worksheets, and source documentation in batch mode.

Table D (see next page) summarizes the transaction validation techniques used for each population of transactions to be validated and indicates transaction types for which the most automated level of validation is feasible.⁶ The Review Benefits History Screens column indicates when the validator will refer to computer-generated claimant history screens to make an assessment of error. The Manual Validation/Review Source Documentation column indicates when the validator will refer to source documentation, such as adjudication notes, adjudication notices, appeals decisions, or overpayment records. This documentation may come from paper files, microfilm or computer records, or images. It is important for identifying human errors involving interpretational and input errors.

⁶Appendix A (pp. A.4-A.5) includes additional information on automated validation.

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TABLE D
VALIDATION TECHNIQUES, BY TRANSACTION POPULATION

Transaction Population	Automated Validation	Review Benefits History Screens	Manual Validation/ Review Source Documentation
1 - Weeks Claimed	X	X	
2 - Final Payments		X	
3 - Claims, Claims Status, and Monetary Determinations	X	X	
4 - Payments		X	
5 - Nonmonetary Determinations and Redeterminations	X	X	Other ⁷
6 - Appeals Filed, Lower Authority	X	X	
7 - Appeals Filed, Higher Authority	X	X	
8 - Appeals Decisions, Lower Authority		X	X
9 - Appeals Decisions, Higher Authority		X	X
10 - Appeals Case Aging, Lower Authority	X	X	
11 - Appeals Case Aging, Higher Authority	X	X	
12 - Overpayments Established		X	X
13 - Overpayment Reconciliation Transactions		X	X
14 - Age of Overpayments	X	X	

⁷Only redeterminations require manual validation. Examination of nonmonetary determination folders is accomplished through the quality review process.

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G. HANDBOOK OVERVIEW

To achieve the data validation goal of ensuring that reported data are accurate and meet federal reporting definitions, four separate validation processes or “modules” have been developed. These modules include various tools to be used in validating the quantity and quality of federally reported data. The modules and accompanying appendices are outlined below.

C Module 1--Report Validation

Module 1 validates that the reporting programs that create the federal reports are functioning correctly. The validator systematically examines files of the transactions included in the federal report items. The following tools are used to accomplish this systems validation:

(1.1) Item count reconstruction - The purpose of this task is to validate the accuracy of the counts reported in each item of the various ETA Benefits Reports. The validator compares the count in each federal report cell with the count of its corresponding subpopulation(s) on the files. Because this process can be laborious, spreadsheet software (the RV spreadsheet) is provided that performs all calculations necessary for comparing the subpopulation counts with federal report item counts for each of the 14 populations.

(1.2) Duplicate detection - The purpose of this task is to detect duplicate entries of transactions in the reconstructed counts so they can be eliminated. The programmer either runs an automated detection program or produces a separate set of files of a sample of the reconstructed transactions, sorted by SSN, and reviews the files to detect any duplicate transactions. The results are then entered onto the RV summary spreadsheet.

(1.3) Time lapse count - The purpose of this task is to ensure that time lapse for certain UI activities is reflected accurately in the reconstructed counts. Payments (population 4), nonmonetary determinations (population 5), and lower and higher authority appeals decisions (populations 8 and 9) include time lapse measurements. The programmer reconstructs the time lapse calculations, to confirm that they have been calculated and reported correctly, by reconstructing a large group of transactions in each population. The results are then entered onto the RV summary spreadsheet.

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C Module 2--Transaction Validation

Module 2 provides an overview of TV, in which the validator examines samples of individual transactions to determine the accuracy of both the State reporting programs and the data elements used to classify the transactions. For selected transactions, Automated Data Processing (ADP) staff preprint data on a validation worksheet according to the worksheet specifications found in Appendix A, for each population. The validator then reviews them systematically to ensure that the data elements appear to be valid, and that the transaction has been assigned to the appropriate subpopulation. Each of the 14 transaction populations has a separate worksheet that corresponds to the file for that population. Each column on the worksheet refers the validator to a specific step or substep in the State-specific validation instructions. The presence of data in a column indicates that validation of that step is required, and that the validator should refer to the corresponding step in the instructions. The instructions refer the validator to the appropriate screen, field, and code used to validate the data item in that State.

The validator then compares characteristics of the transaction with all available supporting documentation (benefits history screens and paper files, if necessary). The purpose of this comparison is to ensure that the individual data elements (for example, dates, program type, and transaction type) have been accurately classified, and that the elements match the federal definitions.

(2.1) Sampling Transactions and TV Worksheet Preparation - This module specifies the random and supplemental sampling techniques used in validation. The validator uses samples to review the populations for both systems logic and data quality errors. The programmer selects transactions on the basis of the sampling specifications and prints them out in worksheet format. The validator then reviews the characteristics of the transactions on the worksheets to verify that they match the subpopulation file specifications. Sampling strategy is addressed in more detail in Appendix A, A-71.

(2.2) TV Overview - This module provides an overview of TV, which is the process for validating characteristics of the sampled transactions. TV uses State-specific data values and instructions to ensure that transaction characteristics are accurate, and that transactions were therefore assigned to the correct subpopulations. The validator uses the worksheets listing the sampled transactions in conjunction with the State-specific instructions contained in Module 3. The instructions refer the validator to the appropriate supporting documentation (benefits history screens and paper files, if necessary) required to ensure that the individual data elements are valid. The validator enters the results from the TV worksheets onto summary and analytical reports (Appendix F).

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C Module 3--State-specific TV Instructions

This module is the actual State-specific set of instructions that the validator uses in TV. Module 3 directs the validator to the appropriate database screen where the data to be validated are found. Also included are rules that must be applied to each element to determine the accuracy of the reported data.

C Module 4--Quality Sample Validation

Module 4 ensures that the samples selected for nonmonetary determinations and lower authority appeals quality have been randomly selected from the correctly defined universe. It is important to review and check the quality sampling methodology used by the State. The quality reviews are a key indicator of the State's performance, and the results must be statistically valid.

Appendices Listed below are the appendices, with page references, where additional information supporting each validation task and/or validation output document is found.

C Appendix A--Report Validation Specifications

Appendix A, directed to State ADP staff, contains a table of options of appropriate validation processes, given different State data sources for federal reporting and validation. Specifications for the printouts to be generated for the quantity validation in Module 1 are also included, as are the sampling methodologies used to select specific transactions for the TV described in Module 2.

Appendix A components:	Determination of Appropriate State Validation Process (p. A.2-A.3)
	Automated Validation Options (p. A.4-A.5)
	Report Validation File Specifications and Relationship Between Subpopulations and Federal Report Items (p. A.6-A.68)
	Report Validation File Sort Criteria (p. A.69-A.70)
	Sampling Strategy (pp. A.71-A.78)

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C Appendix B--Report Validation Spreadsheets

Appendix B components: Report Validation Spreadsheets and Summary Spreadsheets

C Appendix C--Independent Count

Appendix C provides a mechanism for the validator to determine whether transactions have been systematically excluded from any of the federal reports. This mechanism is applicable to States that create federal reports from the same extract files used to generate the reconstruction files. It is not required for States that use separate processes to generate federal reports and to reconstruct the reported transactions. The results are then entered onto the Independent Count Summary spreadsheet.

C Appendix D--Independent Count Summary Spreadsheet

Appendix D contains the independent count summary spreadsheet, which includes all populations.

Appendix D component: Independent Count Summary Spreadsheet

C Appendix E--Transaction Validation Worksheets

Appendix E contains specifications for the worksheets to be generated as a basis for the TV described in Module 2.

Appendix E component: Transaction Validation Worksheets

C Appendix F--Summary and Analytical Reports

Appendix F contains specifications for summary and analytical reports to be compiled from the data recorded on the validation worksheets.⁸

Appendix F component: Summary and Analytical Reports

⁸The nonmonetary determination quality review instrument includes required validation items; the summary reports are generated from the adjudication quality database, at the UIS National Office.

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C Appendix G-Frequency Distribution as a Validation Alternative

Appendix G contains the methodology for using frequency distributions to validate report items and time lapse and to perform duplicate detection.

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H. WALK THROUGH OF DATA VALIDATION METHODOLOGY (Figure A, p. I-18)

This section provides ADP and validation staff with a step by step walk through of the data validation process. Each step of the walk through includes a reference to the specific module in which that aspect of the data validation process is described. Readers should refer to the referenced modules for further information.

- Î The Benefits Database is the State claims file. The State may generate required federal reports from the Benefits Database or from a statistical file of counts or detail records. The report item in the upper-left-hand corner of Figure A represents the reported count of UI intrastate first payments reported on the ETA 9050.
- Ï In the second step of the validation process, **ADP staff** extract detailed records for the transactions reported in the report item to “reconstruct” and provide an audit trail for the reported count. (See Module 1.1.)
- Ð In the third step, **ADP staff** compile the detailed records in a report validation file showing all the specified characteristics of the reported payments. (See Module 1.1.)
- Ñ In the fourth step, the **validator** examines the file to ensure that all the transactions indicate UI intrastate first payments and then **compares** the reconstructed count with the reported count. In this example, the report validation file shows the six UI intrastate first payments reported on the ETA 9050 report in the upper-left-hand corner. The transactions are also validated for duplicates and for time lapse calculation errors. The results are then transferred to summary spreadsheets. (See Modules 1.1, 1.2, and 1.3.)
- Õ In the fifth step, **ADP staff** (or the validator, if necessary) select a sample of transactions and print them on a worksheet. The sample worksheet shows that two of the six payments have been selected for further validation. (See Module 2.1.)
- Ö In the sixth step, after matching the SSN of the transaction on the worksheet with the source document (using Step 1C in Module 3), the **validator** turns to Step 10 in Module 3 (as indicated in the column heading of the worksheet) in order to validate that the payment met the federal definition of a first payment. The document (benefits history screen or case folder) and the rule (the validation instruction) are customized for each State to facilitate the validation process for State and regional personnel. The federal definition and the

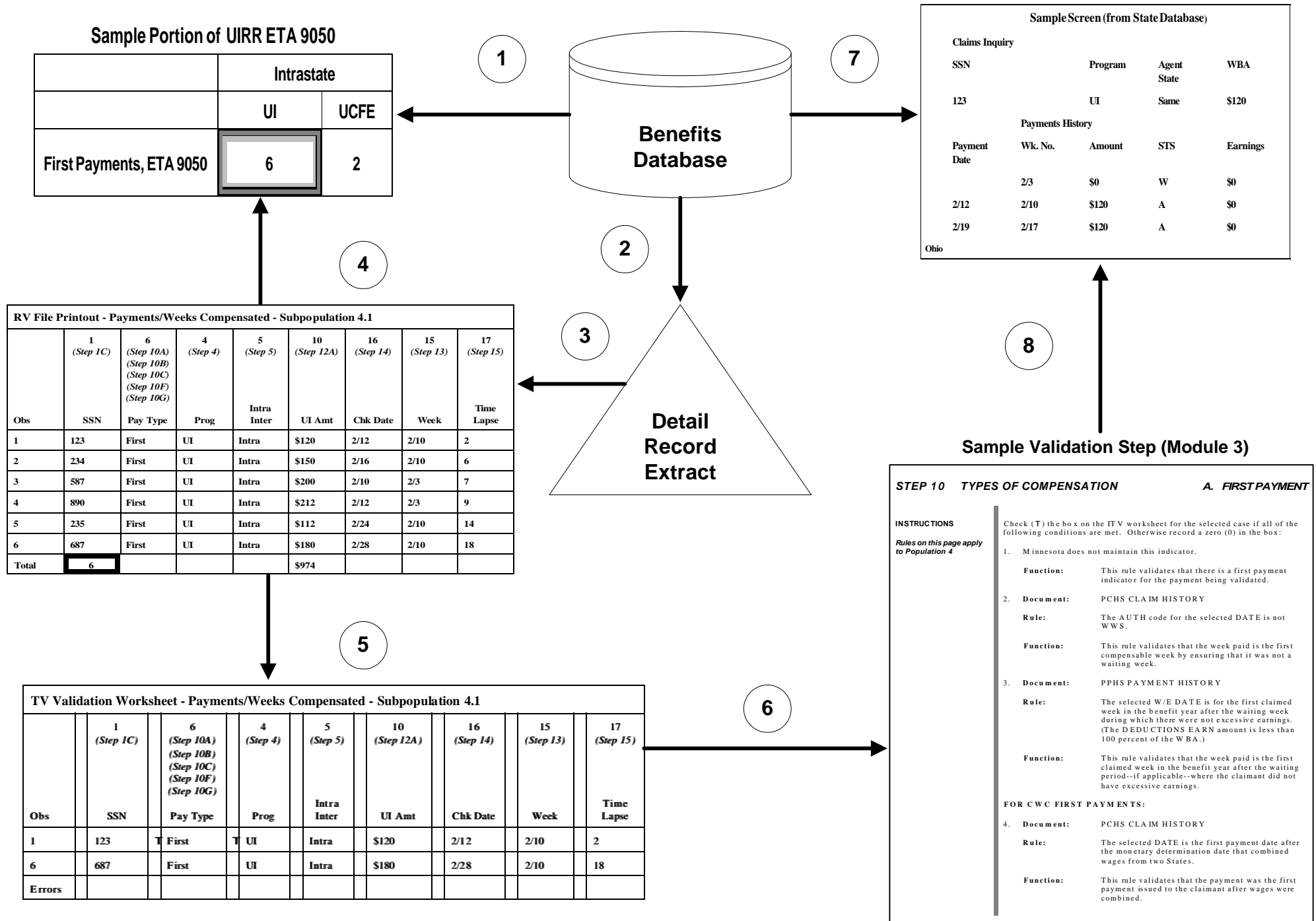
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function or purpose of each validation instruction are the same for all States. (See Modules 2.2 and 3.)

Ô In the seventh step, the **validator** calls up or prints out the “Claims Inquiry” screen from the Benefits Database. (See Module 2.2.)

Õ The **validator** executes the two instructions in the handbook to: (1) check that the week reported as the first compensable week was not a waiting week (STS is not W); and (2) to check that the week was the first week in the benefit year after the waiting week without excessive earnings (earnings for the week ending 2/10 are \$0 and thus not excessive, and there are no earlier weeks other than the waiting week present on the payments history file). The validator then places a check on the worksheet to show that the transaction was a valid first payment. (See Modules 2.2 and 3.)

FIGURE A: OVERVIEW OF DATA VALIDATION METHODOLOGY



MODULE 1.1--ITEM COUNT RECONSTRUCTION**A. PURPOSE**

This procedure validates the accuracy of the counts reported in each item on UIRR benefits reports. Fourteen sets of files are produced, which reconstruct the counts for the 14 types of UI transaction populations that the State is validating. The report validation (RV) files enable the validator to determine the accuracy of the UIRR report cell counts. The 14 RV population files are listed in Table 1.1.1 on the next page.

The State ADP staff are responsible for producing the reconstruction files according to the tasks addressed on pages 1-3 to 1-6 of this module.

TABLE 1.1.1
SUMMARY OF RV POPULATION FILES

File Specification	Population Description
1	Weeks Claimed
2	Final Payments
3	Claims and Claim Status (and Original Monetary Determinations)
4	Payments/Weeks Compensated
5	Nonmonetary Determinations and Redeterminations
6	Appeals Filed, Lower Authority
7	Appeals Filed, Higher Authority
8	Appeals Decisions, Lower Authority
9	Appeals Decisions, Higher Authority
10	Pending Appeals, Lower Authority
11	Pending Appeals, Higher Authority
12	Overpayments Established - Sorted by Causes
13	Overpayment Reconciliation Transactions
14	Aged Overpayments

B. MATERIALS (ADP STAFF)

Task 1. ADP Staff Produce Fourteen RV Files

Each RV file is specified in detail in Appendix A,¹ including the criteria for organizing each transaction population into its component subpopulations. Appendix A also provides the sort criteria for each of the 14 transaction populations. The sort criteria (see Appendix A, p. 69) help ADP staff to understand the programming logic to generate the validation files. Each of the 14 transaction populations is divided into subpopulations, which are based on the unique types of transactions that can occur and that can be reported on the federal reports.² For example, population 4, all payments and weeks compensated, includes all payments made during the month. It must be subdivided into numerous subpopulations defined by unique combinations of payments and weeks compensated including characteristics such as first payments, partial payments, and program type.

The RV file specifications also indicate which corresponding data are printed on the detail lines of the file printouts for each transaction. State ADP staff should program the RV files so that the generic terms used in Appendix A, as well as the actual “State-specific” codes and values from the State files (contained in Module 3), are displayed.³ States may refer to actual codes and values as “raw values” and/or “literals.” For example, if the State program code for UI is “2” the programmer should have the RV file list “UI-2” under program type for all UI subpopulations. When a State has multiple codes for a single federal reporting criterion, the file should list the codes that apply to the transaction. Displaying the generic reporting term or a legible abbreviation for each record, in addition to the actual data, facilitates validation

¹The ease with which State programmers can produce the RV files will depend on file structures and available query and reporting software. If a State’s systems or file structures do not permit reconstruction as described in this handbook, the programmer must document which files cannot be reconstructed and the reasons they cannot be reconstructed, provide the documentation to the federal regional staff and confer with the regional office to develop an acceptable alternative.

²As discussed in the Introduction, a general principle of the validation design is to print and analyze transactions once, even if they appear in multiple items. The only exceptions to this rule are combined wage claims (CWC) and payments (which are reported both on the ETA 586 report, as CWC transactions, and on the ETA 5159, 9050, and 9051 reports, as UI transactions), and self-employment (which is reported on the ETA 5159 report as both a UI transaction and a self-employment transaction). Each of these transactions is printed twice, because it is not practical to create mutually exclusive subgroups.

³It is essential that the column headings for RV files, spreadsheets, summary spreadsheets, worksheets and summary reports be labeled as shown in the applicable appendices at the back of this handbook.

and permits greater flexibility in staffing the effort, as no translation is required to read the data output and locate the validation instructions. More important, if the State captures the validation data directly from the database, some transactions may be validated without referring to source documentation, e.g., payments based on initial and/or continued claims filed by telephone.

Because the UIRR reports provide a “snapshot” of transactions during a specific time period, the validation is intended to verify the status of transactions at the time the report was run, even if it later changed. It is less efficient to compare a set of transactions captured at one point in time with a set of transactions captured at another point in time, because many discrepancies will represent legitimate changes in a dynamic database, rather than systems errors or faulty data. For example, claims can legitimately change from interstate to intrastate, and program type can change from federal to UI if UI wages are added to a claim.

Although States are advised to produce paper printouts, the State validator may choose to review the lists on-line if the population of transactions is excessively large. For example, in large States and for such items as intrastate weeks claimed and continued weeks paid, the reported counts are so large that it is not practical to print the entire population, and the largest subpopulations can be viewed on a screen.⁴ If on-line review is selected, the State must print a designated set of the reconstructed files to enable the federal validation monitor to review this material without having on-line access. (See Module 2 for a detailed explanation.) In any case, the validator should ensure that the RV file printouts or on-line files have been constructed properly, following the instructions in Module 2.1 and the specifications in Module 3 and Appendix A.⁵

⁴Large States have several options in these situations; the best is to create a file containing the validation data, but not to produce a printout of it. Validators and auditors can scroll through the file on-line to verify counts and characteristics of transactions. Alternatively, States can run their federal reporting programs for a limited period and simply validate that period’s transactions. (However, this option reduces the effectiveness of the duplicate detection procedure.) A substantial count of continued weeks paid usually can be validated in these ways. Before validation, States must document how they will validate excessively large populations and must obtain approval from federal regional representatives.

⁵If Module 1 validation counts differ substantially from reported counts, a programming error probably has occurred. Research should be conducted to determine if the errors are in the validation software or the reporting software. Significant errors in the validation software should be corrected before continuing to validate. Errors in the reporting software should also be corrected. Module 2 describes how sampled transactions are reviewed to confirm that the validation output was programmed correctly.

Task 2. Run Validation Programs Concurrently with Federal Reporting Programs

It is essential that the programs generating the validation files be run at the same time as the federal reporting programs to eliminate differences caused by changes in the database over time.

Task 3. Schedule Batch Program to Produce Benefit History Printouts for Sampled Cases

States should, at the same time that the validation programs are run, use a batch program to print all applicable benefits history screens for each sampled case, in the same order that the cases are sampled and listed on validation worksheets. This concurrency ensures that the snapshot itself is being validated.

To the extent that States have a complete audit trail, timing problems should not affect the reconstruction of transactions. For example, States should maintain records of appeals decisions, payments, or nonmonetary determination notices even if the transaction was later canceled or adjusted. The validator then uses these audit trails to verify that a transaction was correct at the time of reporting.

As mentioned, States that reconstruct reported transactions directly from the database can validate some samples from the worksheet alone, if the necessary data have been captured. This is achieved by programming the RV files and TV worksheets to include all data elements required to validate a sample, thus eliminating the need for the validator to refer to source documents. The validator would refer to benefits history screens only for the first two transactions in every sample, to confirm that the file and worksheet had accurately captured the data in the database.⁶

Task 4. ADP Staff Produce Fourteen RV Spreadsheets and Summary Spreadsheets

The RV spreadsheet (specified in Appendix B) helps the State to compare the subpopulation counts with the federal report item counts for each of the 14 transaction populations. It minimizes the burden on validators by automating the tabulation of transactions. State ADP staff either download or key-enter the applicable subpopulation counts from the RV files onto the RV spreadsheet; the spreadsheet then performs all necessary calculations and produces a summary showing any significant discrepancies (see Module 1.1.C). Validated and reported dollar figures are also

⁶ADP staff should refer to the “Specifications for Data Validation Sampling” table in Appendix A for more information (Table A.3, p. A.75).

entered for applicable populations. This summary groups errors by category, to facilitate analysis of problems, and provides a format for reporting quantity validation errors to the Unemployment Insurance Service.

The spreadsheet software design included with this handbook includes a separate file for each population spreadsheet. Each spreadsheet file on the disk has three parts (A, B, and C). All cells are protected on these files, except for those cells in which data are entered according to the instructions in Section C of this module.

C. METHODOLOGY FOR PRODUCING SPREADSHEET DATA (ADP AND/OR VALIDATION STAFF)

There are three sections (pages) of the spreadsheet for each population. However, certain sections may not be applicable to a given population. Populations 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11 will use Page A and Page C (since there are no dollar amounts involved). Population 14 will use Page B and Page C (since the subpopulation counts are identical to the validation counts). Populations 4, 12, and 13 will use all three pages. See Table 1.1.2 for a list of the spreadsheet pages that are relevant to each population.

Page A of the spreadsheet converts the subpopulation counts from the RV file into validation counts used for comparison with the UI required report counts.

Page B of the spreadsheet incorporates the dollar amounts from the RV files, when applicable.

Page C of the spreadsheet is used to summarize the differences between the reported counts and the validation counts, including duplicate errors, dollar amount differences, and time lapse errors.

Instructions for producing the required data for each population are provided on pages 1-9 and 1-10.

As previously stated, data can be downloaded by ADP staff or manually entered. Manual entry also may be performed by State ADP staff or State validator staff. No matter which part of the State organization is responsible for producing the data on these spreadsheet pages, the instructions on pages 1-9 and 1-10 must be followed.

TABLE 1.1.2

RV SPREADSHEET SPECIFICATIONS
FOR EACH TRANSACTION POPULATION

Population Number	ETA Report Number	Validation Counts Page A	Dollars Page B	Time Lapse Page C	Summary (Duplicates) Page C
1	ar5159, aw5159	x	n/a	n/a	x
2	ar5159, 218, aw5159	x	n/a	n/a	x
3	ar5159, 586, 218, aw5159	x	n/a	n/a	x
4	9050, 9051, 586, ar5159, aw5159	x	x	x	x
5	9052, 9053, 207	x	n/a	x	x
6	ar5130	x	n/a	n/a	x
7	ar5130	x	n/a	n/a	x
8	9054, ar5130	x	n/a	x	x
9	9054, ar5130	x	n/a	x	x
10	9055	x	n/a	x	x
11	9055	x	n/a	x	x
12	227	x	x	n/a	x
13	227	x	x	n/a	x
14	227	n/a	x (balance at end of quarter)	x	x

1. Instructions for Producing RV Spreadsheets and Summary Spreadsheets

- a. **Page A - Validation Counts from RV Files.** The programmer downloads or the validator enters the subpopulation counts from the RV files on the applicable rows in the Subpopulation Count column. The spreadsheet automatically calculates validation counts. Due to space considerations, the calculation columns are to the right of each report item column and are hidden. These hidden columns may be unhidden through standard spreadsheet commands. The visible report item columns show the relationships between subpopulation counts and report items by placement of the number 1 where a subpopulation count maps to a report item. The validation counts are automatically read from the Totals row of the hidden columns directly to the Validation Count column on the summary spreadsheet, which is page C. (See Appendix B.)
- b. **Page B - Dollar Amounts from RV Files.** The programmer downloads or the validator enters the dollar amounts from the columns on the RV files which correspond to the data entry columns on the RV spreadsheet. For instance, columns 10 through 14 on the population 4 RV file correspond to the data entry columns for UI Amount through Self-Employment Amount. An “x” appears below each data entry column on the RV spreadsheet where dollar amounts from the corresponding column and subpopulation on the RV file are entered. (The x’s appear under the same columns for the same subpopulations on the RV file and the RV spreadsheet.) As with counts, the spreadsheet automatically calculates validation dollars. Due to space considerations, the calculation columns are to the right of each report item column and are hidden. These hidden columns may be unhidden through standard spreadsheet commands. The visible report item columns show the relationships between subpopulation dollars (automatically summed across data entry columns) and report items by placement of the number 1 where a subpopulation dollar amount maps to a report item (see Appendix B, page 29). The validation dollars are automatically read from the Totals row of the hidden columns directly to the Validation \$ column on the summary spreadsheet, which is page C.
- c. **Page C - Summary of Differences Between Reported and Validated Counts.** The validator enters the reported counts on the applicable rows in the Reported Count column. In the Total row of the % Duplicate Errors column, the programmer enters the percent of duplicates found through the validation process described in Module 1.2. The summary spreadsheet automatically calculates the Count Difference and the Count % Difference for every applicable Report/Item row. The summary spreadsheet also automatically calculates the Adjusted Validation Count, the Count Difference, the Count % Difference and Count Pass/Fail for the Total row. The Count % Difference

should be read as the reported count being x% greater or less than the validation count.

The validator also enters the reported dollars on the applicable rows in the Reported \$ column. The summary spreadsheet automatically calculates the \$ Difference and the \$ % Difference for every applicable Report/Cell row. The summary spreadsheet also automatically calculates the Validation \$, Reported \$, \$ Difference, \$ % Difference and \$ Pass/Fail for the Total row. The \$ % Difference should be read as the reported dollar amount being x% greater or less than the validation dollar amount.

For population 4, 5, 8, and 9, the validator also enters the number of time lapse errors found through the validation process described in Module 1.3. If any errors are identified and entered, the spreadsheet automatically indicates a “Fail” in the Time Lapse Pass/Fail column. The Comments column may be completed as necessary by either the programmer or the validator to explain the cause(s) for differences and/or failures for any subpopulation identified on the RV summary spreadsheet.

D. EXAMPLE

Figure 1.1.1 is an example of a RV file for lower authority appeals decisions.⁷ Population 8 has 55 subpopulations of decisions; the RV file shows the decisions that fell into subpopulations 8.1 and 8.2. Both populations represent lower authority, single claimant, UI, intrastate decisions in which the decision was in favor of the appellant and the issue type was voluntary quit. The only difference between the two subpopulations is that the decisions listed in subpopulation 8.1 represent appeals filed by the claimant, and those in 8.2 represent appeals filed by the employer. The file displays the SSN, the docket number, and the characteristics of each decision, including the filed date, the decision date and the time lapse. The file shows that, for the month being validated, there were eight decisions for subpopulation 8.1 and seven for subpopulation 8.2.

Figures 1.1.2 and 1.1.3 are samples of the RV spreadsheet and summary. The subpopulation totals (eight from 8.1 and seven from 8.2) have been entered or downloaded onto the RV spreadsheet, and the RV summary display indicates that all of the data match. (For purposes of this example, no counts are included for subpopulations 8.3 through 8.55.)

⁷Figure 1.1.1 and other instrument examples in this handbook have been modified slightly for presentation purposes only. They are shown in their entirety in the applicable appendix in the back of this handbook.

FIGURE 1.1.1

VALIDATION POPULATION 8, RV FILE

		1 (Step 1E)	2 (Step 1E)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 24A)	7 (Step 25A) (Step 25B)	8 (Step 25B)	9 (Step 26)	10 (Step 27)	11 (Step 32)	12 (Step 28)	13 (Step 29A)	14 (Step 30A)	15 (Step 31)
Subpop	Obs	SSN	Docket # Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Lower Authority Appeal	Single Claimant Multi- claimant	Multi- claimants	Appellant	In Favor of Appellant	Filed Date	Decision Date	Time Lapse	Disposed of by Decision	Issue Code
8.1	1	135678934	7345	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/20/96	2/11/96	22	Disp-A	V.Q.-07
8.1	2	284958736	7264	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/18/96	2/13/96	26	Disp-A	V.Q.-07
8.1	3	38574659	7198	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/29/96	2/26/96	28	Disp-A	V.Q.-07
8.1	4	472839453	7356	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/14/96	2/12/96	29	Disp-A	V.Q.-07
8.1	5	593748734	7254	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/20/96	2/21/96	32	Disp-A	V.Q.-07
8.1	6	693046374	7347	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	1/15/96	2/23/96	39	Disp-A	V.Q.-07
8.1	7	748598394	7256	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	12/28/95	2/14/96	48	Disp-A	V.Q.-07
8.1	8	845362734	7394	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Claimant-A	Yes-3	12/2/95	2/2/96	52	Disp-A	V.Q.-07
Subtotal	8															
8.2	9	132678934	7572	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	1/22/96	2/12/96	21	Disp-A	V.Q.-07
8.2	10	286958736	7257	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	1/27/96	2/21/96	25	Disp-A	V.Q.-07
8.2	11	382574659	7361	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	1/25/96	2/23/96	29	Disp-A	V.Q.-07
8.2	12	472139453	7471	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	1/9/96	2/14/96	36	Disp-A	V.Q.-07
8.2	13	593738734	7277	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	12/23/95	2/2/96	37	Disp-A	V.Q.-07
8.2	14	653046374	7192	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	1/11/96	2/28/96	48	Disp-A	V.Q.-07
8.2	15	718598394	7283	Reg. UI-A	UI-01	Intrastate-LO99	Lower-01	S-1	NA	Employer-B	Yes-3	11/3/95	2/1/96	90	Disp-A	V.Q.-07
Subtotal	7															

FIGURE 1.1.2: VALIDATION POPULATION 8, RV SPREADSHEET (PAGE A)

Subpop. #	Subpop. Count	ar5130A/100-1	ar5130A/100-3	ar5130A/100-5	ar5130B/210-8	ar5130B/210-10	ar5130C/300-14	ar5130C/300-16	ar5130C/300-18
8.1	8	1			1		1		
8.2	7	1			1			1	
8.3		1			1		1		
8.4		1			1			1	
8.5		1			1		1		
8.6		1			1			1	
8.7		1			1		1		
8.8		1			1			1	
8.9		1			1		1		
8.10		1			1			1	
8.11		1			1		1		
8.12		1			1			1	
8.13		1			1		1		
8.14		1			1			1	
8.15		1			1		1		
8.16		1			1			1	
8.17		1			1		1		
8.18		1			1			1	
8.19		1			1		1		
8.20		1			1			1	
8.21		1			1		1		
8.22		1			1			1	
8.23		1			1		1		
8.24		1			1			1	
8.25		1			1		1		

Note: This is the first section of Page A. Please see Appendix B to view the spreadsheet in its entirety.

FIGURE 1.1.3: VALIDATION POPULATION 8, RV SUMMARY SPREADSHEET (PAGE C)

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/FAIL	COMMENTS
AR5130A/100-1	UI Decisions	15	15								
AR5130A/100-3	FE Decisions	--									
AR5130A/100-5	CX Decisions	--									
AR5130B/210-8	Single Disposed of	15	15								
AR5130B/210-10	MC Disposed of	--									
AR5130C/300-14	Total Claimant	8	8								
AR5130C/300-16	Total Employer	7	7								
AR5130C/300-18	Total Other	--									
AR5130C/310-14	In favor of Claimant	8	8								
AR5130C/310-16	In favor of Employer	7	7								
AR5130C/310-18	In favor of Other	--									
AR5130D/400-21	VQ	15	15								
AR5130D/400-22	MC	--									
AR5130D/400-23	RSW	--									
AR5130D/400-24	A & A	--									
AR5130D/400-25	LD	--									
AR5130D/400-26	Other	--									
5130 TOTAL		75	75	0%	75.00	0.00	0.00%	PASS	0	PASS	
9054A/2	Intrastate Total	15	15								
9054A/3	Interstate Total	--									
9054 TOTAL		15	15	0%	15.00	0.00	0.00%	PASS	0	PASS	Population #8 passed RV

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL rows, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

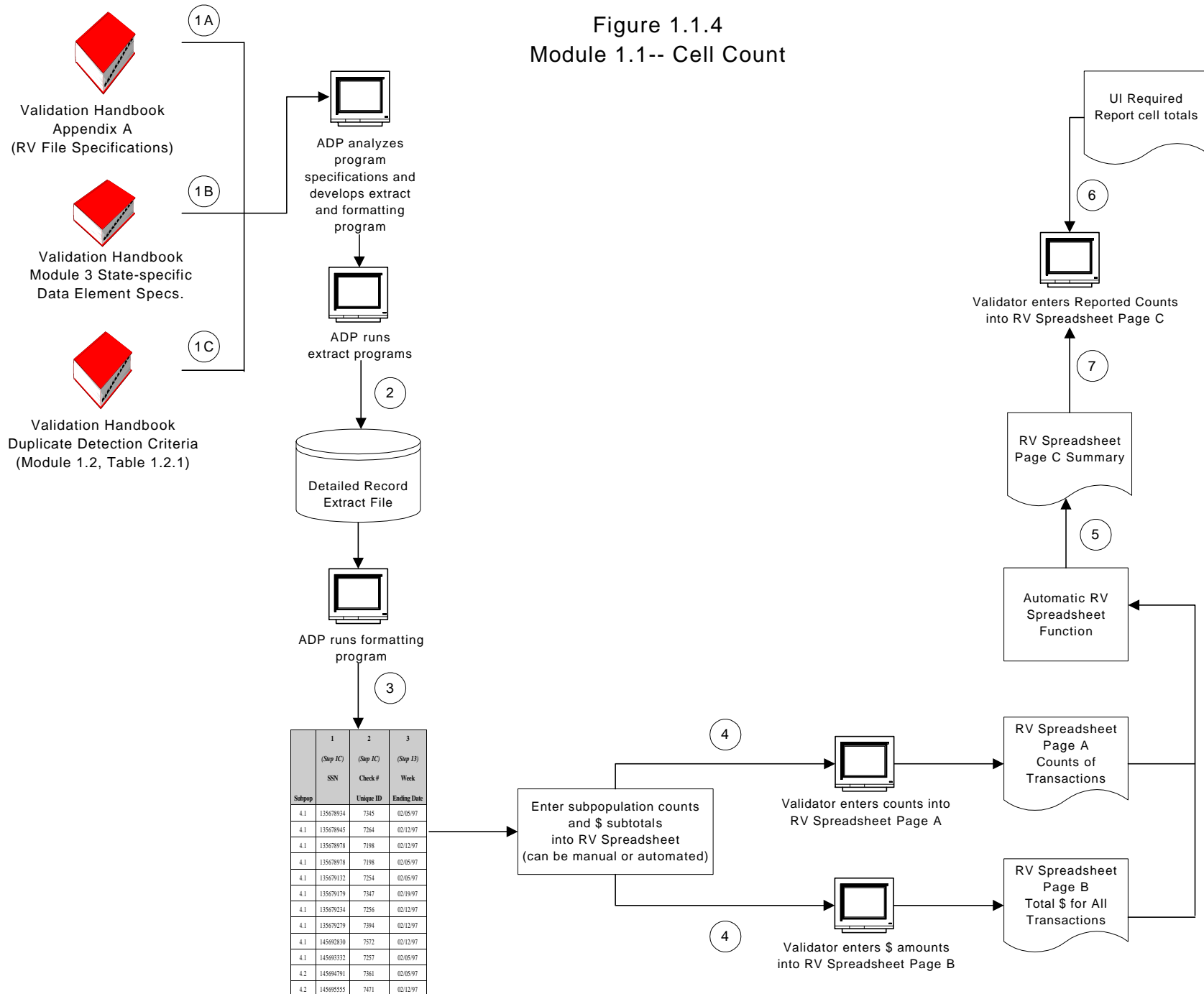
The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

E. RESULTS

The RV spreadsheet documents any discrepancies between the RV files and the federal report, by type of error, so that the validator can identify trends and systematic errors (e.g., item count, duplicates, and time lapse). The spreadsheet also indicates whether the difference between the validation count and the reported count is greater than plus or minus 2%, by showing a “fail” in the Pass/Fail column. In the example on the previous page, the error rate was 0.41%.

The validator must research these differences further, to determine the source of errors and must document the errors in the Comments column on the RV spreadsheet and summary spreadsheet.

Figure 1.1.4
Module 1.1-- Cell Count



F. OVERVIEW OF MODULE 1.1 (FIGURE 1.1.4)

Figure 1.1.4 Step No.	Description of Step	Who Performs Step
1A - 1C	<p>ADP staff analyze the validation program specifications including:</p> <p>1A. Validation Handbook Appendix A: contains the RV file specifications which detail all the sort criteria for each population and subpopulation.</p> <p>1B. Validation Handbook Module 3: State-specific data element specifications: include the State's specific screen names, element names and value codes for each data element</p> <p>1C. Validation Handbook Duplicate Detection Criteria: Module 1.2, Table 1.2.1 provides logic to be incorporated into the program to ensure that invalid duplicates are not included.</p> <p>ADP staff design the extract and formatting programs and develop the RV software.</p>	ADP Staff
2	The ADP staff run the extract programs that extract detailed record files from the State database(s), including all of the data elements specified in Appendix A of the handbook. Incorporated into the extract process is a routine to ensure that invalid duplicates are not included, as specified in the duplicate detection criteria.	ADP Staff
3	The ADP staff format the extract file to sort and display selected transactions in the populations and subpopulations that are specified in Appendix A of the handbook. Figure A in the Introduction is an example of a portion of a formatted extract file for population 4.	ADP Staff
4	The ADP staff or the validator download or enter the subpopulation subtotals into the RV spreadsheet Page A. They then enter or download the subpopulation dollar amounts for populations 4, 12, 13, and 14 into the RV spreadsheet Page B.	ADP Staff or Validator
5	Once the counts of transactions and total dollar amounts for all transactions have been entered into Page A and B of the RV spreadsheets, the spreadsheet automatically calculates the validation totals which are displayed on Page C of the spreadsheet.	Automatic Spreadsheet Function
6	Either the ADP staff or the validator download or enter the UIRR item totals into Page C of the RV spreadsheet.	ADP Staff or Validator

Figure 1.1.4 Step No.	Description of Step	Who Performs Step
7	Once both the validation and reported counts have been entered and/or downloaded into Page C of the RV spreadsheet, and the duplicate detection and time lapse counts have been entered from Module 1.2 and 1.3, the spreadsheet will automatically calculate the difference between the counts and the percentage of error.	Automatic Spreadsheet Function

MODULE 1.2--DUPLICATE DETECTION**A. PURPOSE**

The purpose of reviewing transactions sorted by SSN is to detect duplicate entries caused by key punch or program errors. Duplicate entries are difficult to identify in validations of a single transaction or in reviews of RV files that sort observations by subpopulation, because it is not certain that the duplicate transactions will appear sequentially. The sorts specified in this module for each population enable the validator to quickly analyze all the transactions associated with each SSN. They should be used by ADP staff in building the reconstruction file together with the RV specifications in Appendix A. Duplicate detection is most efficiently accomplished by using a computer program to detect duplicates, rather than by reviewing a subset of transactions on a file.

In the validation review, federal regional monitors must examine hard-copy printouts or on-line files to confirm that the reconstruction does not contain illegal duplicate transactions.

See Appendix G for an alternative methodology for duplicate detection using frequency distribution.

B. MATERIALS (ADP STAFF)

Task 1. ADP Staff Produce Fourteen Duplicate Detection Files Sorted by SSN

State programmers must re-sort the 14 populations for a subset of SSNs, as specified in Table 1.2.1, and must produce a set of on-line files or printouts.⁸ The primary sort is by SSN. The secondary sort (when applicable) is by the field highlighted in the Duplicate Detection Criteria column in Table 1.2.1. This column also instructs the validator how to determine whether a duplicate exists. It is not necessary for the programmer to include every data element from the RV file specifications on the Duplicate Detection file. The Data Elements column in Table 1.2.1 indicates which data elements from the RV file specifications are needed.

For example, for population 1, the programmer should select all transactions associated with 400 unique SSNs from the population 1 validation file. Because it is not practical to identify duplicates by subpopulation, the entire population is treated in the same way in this procedure.

For all populations, with the exception of 4 and 12, only one data element besides SSN is used to check for duplication. For payment adjustments (population 4, subpopulations 4.33-4.42) there may be more than one adjustment for the SSN, in which case it is necessary to check for duplicate dates and dollar amounts to detect duplicate errors. For overpayments established (population 12), there may be multiple overpayments for the SSN, in which case it is necessary to check for duplicate dates and dollar amounts to detect duplicate errors.

Task 2. Fourteen RV Summary Spreadsheets

After the duplicate detection program is run and any true duplicates have been detected, the percent of duplicate errors is entered onto the RV summary spreadsheet and the validation count is adjusted. (See Module 1.1, p. 1-6, for a detailed explanation of the function of the summary spreadsheets.)

⁸ADP staff should flag and eliminate duplicates prior to running federal report programs and creating validation populations.

TABLE 1.2.1

DUPLICATE DETECTION CRITERIA, BY POPULATION

Population Description	No. of SSNs	Duplicate Detection Criteria	Data Elements
1 - Weeks Claimed	400	The week ending date of the week being claimed should not appear twice for identical SSNs.	SSN (Col. 2), Week-ending date of week claimed (Col. 1)
2 - Final Payments	200	The SSN should not appear twice (unless a final payment has been made for two different benefit years).	SSN (Col. 2), Mail date of final payment date (Col. 9)
3 - Claims Filed	1,400 ^a	For new claims (including new CWC claims), additional and reopened claims, and transitional claims, the same SSN should not appear twice with the same effective week and/or separation date.	SSN (Col. 1), Date claim filed (Col. 2), Type of claim (Col. 4)
4 - Payments	800 ^b	The week ending date of the compensated week should not appear twice for identical SSNs.	SSN (Col. 1), Dollar amount (Cols. 10-14), Week-ending date of week claimed (Col. 15), Mail date (Col. 16)
5 - Nonmonetary Determinations	400	If the State maintains a unique identifier for each issue, the unique identifier should not appear twice. ^c	SSN (Col. 1), Unique Identifier (Col. 2, if available)
6 - Appeals Filed, Lower Authority	200	The same docket number should not appear twice (unless the case is remanded from Higher Authority).	SSN (Col. 1), Docket Number (Col. 2)
7 - Appeals Filed, Higher Authority	200	The same docket number should not appear twice.	SSN (Col. 1), Docket Number (Col. 2)
8 - Appeals Decisions, Lower Authority	400	The same docket number should not appear twice.	SSN (Col. 1), Docket Number (Col. 2)
9 - Appeals Decisions, Higher Authority	400	The same docket number should not appear twice.	SSN (Col. 1), Docket Number (Col. 2)
10 - Age of Appeals, Lower Authority	200	The same docket number should not appear twice (unless the case was remanded from Higher Authority).	SSN (Col. 1), Docket Number (Col. 2)
11 - Age of Appeals, Higher Authority	200	The same docket number should not appear twice.	SSN (Col. 1), Docket Number (Col. 2)
12 - Overpayments Established	400	If the SSN appears twice, the unique identifier should not appear twice. If there is no unique ID, the date the overpayment was established should not be listed twice unless the dollar amounts of the overpayments are different.	SSN (Col. 1), Unique Identifier (Col. 2, if available) Date overpayment established (Col. 7), Dollar amount (Cols. 8 and 9)
13 - Overpayment Reconciliation Activities	200	If the State maintains a unique identifier for each overpayment reconciliation activity, the unique identifier should not appear twice. Offsets will have unique identifiers in almost all States. For waivers and writeoffs, the same SSN should not appear twice.	SSN (Col. 1), Unique Identifier (Col. 2, if available) Date of reconciliation activity (Col. 5), Type of reconciliation activity (Col. 6)
14 - Age of Overpayments	200	If the SSN appears twice, the unique identifier should not appear twice.	SSN (Col. 1), Unique Identifier (Col. 2, if available)

^a The total number of SSNs should be divided as follows: new claims (subpopulations 3.1-3.18, 3.40-3.48) - 400; interstate filed from/taken as agent state (subpopulations 3.19-3.24) - 200; transitional claims (subpopulations 3.25-3.33) - 200; CWC claims (subpopulations 3.34-3.39) - 200; and additional claims (subpopulations 3.49-3.54) - 400.

^b The total number of SSNs should be divided as follows: payments (subpopulations 4.1-4.32) - 400; adjustments (subpopulations 4.33-4.42) - 200; and CWC (subpopulations 4.44-4.51) - 200. For adjustments, the **check number** should not appear twice nor should there be more than one adjustment for the same **mail date**, for the same **week ending date of week claimed**, for the same **dollar amount**. Validators should research such cases, however, to determine whether the system was double counting the same adjustment.

^c Otherwise, it is difficult to detect duplicates with certainty, because a State could legitimately issue multiple determinations for the same issue type, affecting the same week, detected and issued on the same day, to the same claimant. Validators should research such cases, however, to determine whether the system was double counting the same issue.

^d Otherwise, it is difficult to detect duplicates with certainty, because a State could process two payments from the same claimant, for the same amount on the same day. Validators should research such cases, however, to determine whether the system was double counting the same payment.

C. METHODOLOGY FOR DUPLICATE DETECTION (VALIDATION STAFF)

Task 1. Examine Subsets of Populations

Examine the designated subsets of the 14 populations, sorted by SSN, by using the rules on the Duplicate Detection Criteria Table (Table 1.2.1 on the preceding page).

Task 2. Research Any Invalid Duplicates

Examine duplicates which meet the criteria outlined in Table 1.2.1. This ensures that the duplicate was an error. (See Section D on the following page for an example of the procedure for determining true duplicates.)

Task 3. Record Percent of Duplicates Found

Record the percentage of duplicates found in the Total row of the % Duplicate Errors column on Page C of the RV spreadsheet, by dividing the number of duplicates found for each population by the total number of observations checked. For example, for weeks claimed, four duplicates found in the subset of 400 checked would equal a duplicate errors percentage of 1 percent.

Task 4. Summary Spreadsheet Automatic Calculations

The RV summary spreadsheet (Page C) will automatically update the Adjusted Validation Count after the % Duplicate Errors have been entered. (See Figure 1.1.3) This can be viewed on Page C of the summary spreadsheet.

Task 5. Summary Spreadsheet Automatic Calculations

The summary spreadsheet will calculate the Count Difference and the Count % Difference after the % Duplicate Errors have been entered.

Task 6. Summary Spreadsheet Automatic Calculations

If the Count % Difference column is greater than $\pm 2\%$, the Count Pass/Fail column will indicate a FAIL.

Task 7. Summary Spreadsheet Automatic Calculations

The summary spreadsheet will indicate the time lapse pass/fail after the number of Time Lapse Errors have been entered (Module 1.3)

D. EXAMPLE

Figure 1.2.1 is an example of a file for the population of lower and higher authority appeals decisions that has been re-sorted by SSN as a primary sort and docket number as a secondary sort. The validator scans the file for docket numbers that appear twice for the same SSN. In this example, there is one duplicate (observations 7 and 8). The number of duplicates detected for each population is divided by the number of observations reviewed. In this example, one duplicate appeal would be divided by 15 appeals observations reviewed. The percentage that is derived is entered in the % Duplicate Errors column on the RV summary spreadsheet. In this example, 6.7% would be entered in the % Duplicate Errors column.

FIGURE 1.2.1

VALIDATION POPULATION 8, DUPLICATE DETECTION FILE

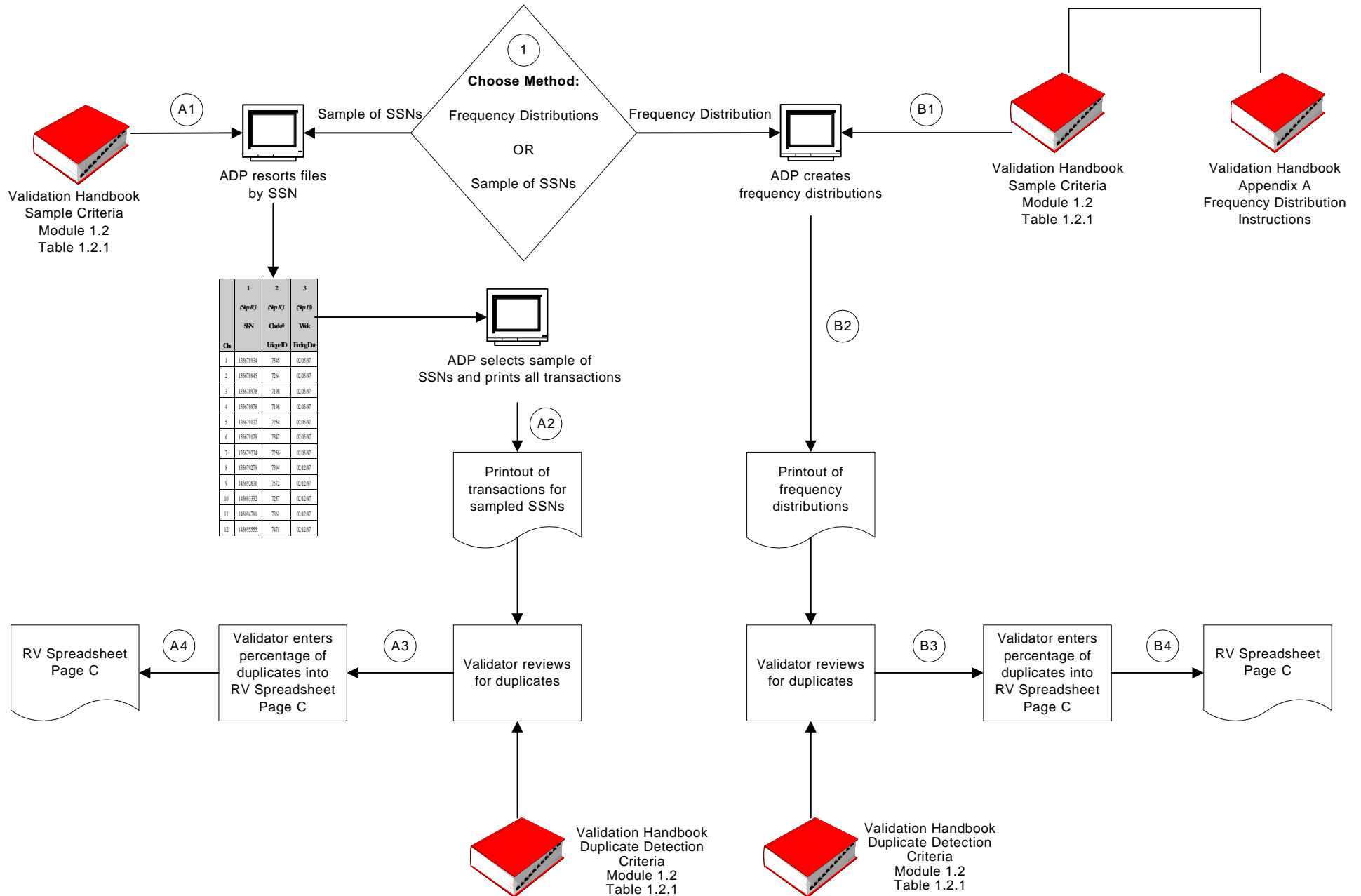
Observation	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID
1	135678934	7345
2	135678945	7264
3	135678945	7198
4	135678992	7356
5	135679132	7254
6	135679179	7347
7	135679234	7256
8	135679234	7256
9	145692830	7572
10	145693332	7257
11	145694791	7361
12	145695555	7471
13	145697638	7277
14	145698887	7192
15	145699239	7283

E. RESULTS

As instructed on page 1-19, the validator should derive a percentage rate of duplicate errors for each transaction population by dividing the number of duplicate errors by the total number of transactions sorted. The validator then records the percentage of duplicates found for each population onto the Total line of the % Duplicates column on the RV spreadsheet. This figure is used by the spreadsheet software to calculate an adjusted validation count, which, in turn, calculates an error rate in the count for each population (Count % Difference). Duplicate transactions that are identified should be researched first by population and then individually, using all available supporting documentation. Any presumed systematic or unique errors should be brought to the attention of the programmer and the cause should be noted in the Comments column of the RV summary spreadsheet.

Duplicate transactions in populations in which dollar figures are validated cause inflated validation dollar amounts. It is not possible to adjust the dollar amount on the basis of duplicate counts.

Figure 1.2.2
Module 1.2 -- Duplicate Detection



F. OVERVIEW OF MODULE 1.2 (FIGURE 1.2.2)

Figure 1.2.2 Step No.	Description of Step	Who Performs Step
Option A) Sample Review Method		
A1	ADP staff use the sample criteria in Module 1.2, Table 1.2.1, to resort the reconstruction file by SSN. Figure 1.2.1 shows an example of a portion of a file sorted by SSN.	ADP Staff
A2	ADP staff select a sample of SSNs, according to the specified procedures in Module 1.2, and print out the sample transactions. It is only necessary to print the Data Elements listed in the Data Elements column of Table 1.2.1.	ADP Staff
A3	The validator uses the Duplicate Detection Criteria, Module 1.2, Table 1.2.1, to review the list of SSNs for duplicates. The duplicate detection criteria provide rules for each population on what constitutes an invalid duplicate.	Validator
A4	The validator calculates the percentage of duplicates and enters it into the RV spreadsheet, Page C.	Validator
Option B) Frequency Distribution Method		
B1	ADP staff use the sample criteria in Module 1.2, Table 1.2.1 in conjunction with the frequency distribution instructions in Appendix A to create frequency distributions.	ADP Staff
B2	ADP staff print out the frequency distributions for the validator to review.	ADP Staff
B3	The validator uses the Duplicate Detection Criteria, Module 1.2, Table 1.2.1, to review the frequency distribution printout for duplicates. The duplicate detection criteria provide rules for each population on what constitutes an invalid duplicate.	Validator
B4	The validator calculates the percentage of duplicates and enters it into the RV spreadsheet, Page C.	Validator

MODULE 1.3--TIME LAPSE COUNT**A. PURPOSE**

The purpose of this procedure is to validate that time lapse was reported and measured accurately for payments/weeks compensated, nonmonetary determinations, and lower and higher authority appeals decisions (populations 4, 5, 8 and 9). It detects programming errors in assigning transactions to time lapse categories in the report validation reconstruction and on the federal reports.

B. MATERIALS (ADP STAFF)**Task 1. ADP Produces Four Sorted Time Lapse Populations**

Because the RV files are stratified by transaction type, they do not reconstruct the time lapse report items for populations 4, 5, 8 and 9.⁹ For this reason, programmers must re-sort specific subpopulations by time lapse to reconstruct the most important time lapse reports.

Table 1.3.1 indicates which group of transactions should be aggregated and sorted by time lapse for each of the four populations with time lapse. It also identifies the Benefits Time Lapse and Quality (BTQ) report that this process will validate.¹⁰

⁹Populations 10, 11, and 14 also include time lapse measurements. However, because their subpopulations are stratified by time lapse, the TV validates that time lapse has been measured correctly.

¹⁰By having the computer subtotal at the end of each time lapse interval, the validator does not have to perform the entire count manually. The validator would only have to sum the subtotals for each time lapse across the relevant subpopulations.

TABLE 1.3.1

TIME LAPSE VALIDATION CRITERIA, BY POPULATION

Population Description	Time Lapse Validation Criteria	BTQ Report	Data Elements Required
4 - Payments	Total/all intrastate first payments (subpopulations 4.1-4.16 odd numbers only)	9050, Column 1 - Total intrastate first payments	SSN (Col. 1), Check Number (Col. 2), Type of Compensation (Col. 6), Week End Date (Col. 15), Mail Date (Col. 16), Time Lapse (Col. 17)
5 - Nonmonetary Determinations	All intrastate separations (subpopulations 5.1-5.3, 5.19-5.21, 5.37-5.39, 5.45-5.47, 5.53, 5.57)	9052, Section B, Column 1 - Total single claimant separation issues for intrastate	SSN (Col. 1), Detection Date (Col. 10), Notice Date (Col. 11), Time Lapse -- Detection Date to Notice Date (Col. 12)
8 - Appeals Decisions, Lower Authority	All single claimants and multclaimants (8.1-8.55)	9054, Section A, Column 1 - Total lower authority appeals	SSN (Col. 1), Docket Number (Col. 2), Filed Date (Col. 11), Decision Date (Col. 12), Time Lapse (Col. 13)
9 - Appeals Decisions, Higher Authority	All single claimants and multclaimants (9.1-9.23)	9054, Section B, Column 1 - Total higher authority appeals	SSN (Col. 1), Docket Number (Col. 2), Filed Date (Col. 11), Decision Date (Col. 12), Time Lapse (Col. 13)

Task 2. Four Corresponding RV Summary Spreadsheets

(See Module 1.1 for a detailed explanation.)

**C. METHODOLOGY FOR TIME LAPSE ERROR DETECTION
(VALIDATION STAFF)****Task 1**

Compare the subtotals, by time lapse category (0-7 days, 8-14 days, and so forth), on the time lapse reconstruction file with the item counts on the federal report.

Task 2

For each of the four designated populations, enter the total number of transactions with time lapse miscalculations in the Time Lapse Errors column of the RV summary spreadsheet. The total number of errors is computed by subtracting the reported total in each time lapse category from the reconstructed total on the time lapse file. Add the differences of all the transactions in the time lapse reconstruction file (treating negatives as positives) and divide the sum by 2 to obtain the total number of errors.

The Time Lapse Pass/Fail column will indicate a fail if there are any time lapse errors for the population.

D. EXAMPLE

Figure 1.3.1 is an example of a reconstructed time lapse file of intrastate lower authority appeals, decided between 31 and 45 days, that have been re-sorted by time lapse. The validator compares the subtotal for this item on the time lapse file with the item count on the federal report.

FIGURE 1.3.1

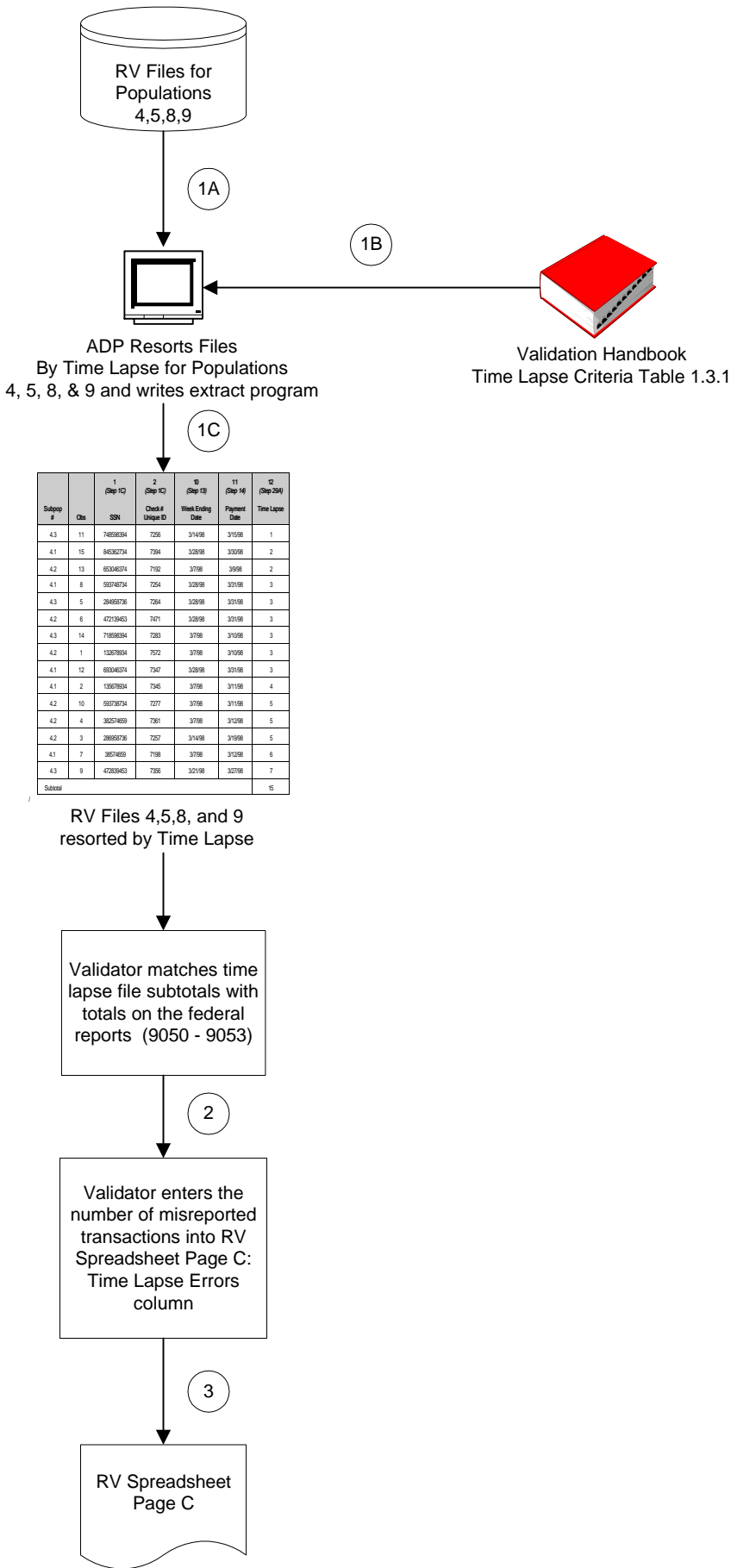
VALIDATION POPULATION 8, TIME LAPSE FILE

Subpopulation #	Obs	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	10 (Step 32) Filed Date	11 (Step 28) Decision Date	12 (Step 29A) Time Lapse
8.2	1	132678934	7572	1/12/96	2/12/96	31
8.1	2	135678934	7345	1/9/96	2/11/96	33
8.2	3	286958736	7257	1/17/96	2/21/96	35
8.2	4	382574659	7361	1/19/96	2/23/96	35
8.1	5	284958736	7264	1/8/96	2/13/96	36
8.2	6	472139453	7471	1/9/96	2/14/96	36
8.1	7	38574659	7198	1/21/96	2/26/96	36
8.1	8	593748734	7254	1/15/96	2/21/96	37
8.1	9	472839453	7356	1/6/96	2/12/96	37
8.2	10	593738734	7277	12/27/95	2/2/96	37
8.1	11	748598394	7256	1/6/96	2/14/96	39
8.1	12	693046374	7347	1/15/96	2/23/96	39
8.2	13	653046374	7192	1/20/96	2/28/96	39
8.2	14	718598394	7283	1/5/96	2/15/96	41
8.1	15	845362734	7394	1/2/96	2/14/96	43

E. RESULTS

The total number of time lapse errors should be zero if the validation count matches the reported count (column 1, Validation Counts, total matches column 2, Reported Count, total on the RV summary spreadsheet). If the reconstructed counts do not match, then the time lapse counts will not match. If the proportion of time lapse errors is greater than the proportion of validation errors, it is likely that transactions have not been assigned to the correct time lapse category.

Figure 1.3.2
Module 1.3 -- Time Lapse Validation



F: OVERVIEW OF MODULE 1.3 (FIGURE 1.3.2)

Figure 1.3.2 Step No.	Step Description	Who Performs Step
1A - 1C	ADP staff create four separate files, containing only the observations from populations 4, 5, 8 and 9, and sort each file by the time lapse value in ascending order. The Time Lapse Criteria, Table 1.3.1, provides ADP staff with the specific subpopulations to be resorted, as well as the necessary data elements to be included on the time lapse files and where to calculate subtotals. It is not necessary for all of the elements from the original RV file to be included, since validators will be checking only the time lapse in this module. It may be more convenient, however, to include all data elements.	ADP Staff
2	The validator matches the subtotals on the time lapse file with the totals reported on the corresponding UI Required Reports (9050-9053).	Validator
3	The validator tabulates the number of misreported transactions and records them on Page C of the RV spreadsheet in the column labeled Time Lapse Errors.	Validator

MODULE 1.4--SUMMARY OF MODULE 1 VALIDATION STEPS

Table 1.4.1 on the following page is a summary of each Module 1 task that must be performed for each population of benefits transactions to be validated. State staff can use the check boxes to keep track of completed tasks.

TABLE 1.4.1
CHECK LIST OF VALIDATION STEPS REQUIRED FOR EACH POPULATION

Validation Step/Responsible Unit	Handbook Sections That Document Specifications	Populations													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Create RV Files/ ADP	(1) 1.1 Item Count; Section B. (1) RV Files (2) Appendix A (RV file specifications) (3) Module 3 (State specific data elements) (4) 1.2 duplicate detection criteria														
2. Load RV Spreadsheets onto PC/ADP	(1) 1.1 Item Count; Section B. Materials (2) RV Spreadsheets (3) Appendix E, RV Worksheets														
3. Add Subpopulation Counts and Report Item Counts to RV Spreadsheets/ADP or Validation Staff (download or key enter)	(1) 1.1 Item Count, Section C. Methodology														
4. Produce Duplicate Detection Samples/ ADP	(1) 1.2 Duplicate Detection, Section B. Materials														
5. Examine Duplicate Detection Samples/ADP and Validation Staff	(1) 1.2 Duplicate Detection, Section C. Methodology														
6. Add Duplicate Error rate to RV Spreadsheets/Validation Staff	(1) 1.2 Duplicate Detection, Section C. Methodology														
7. Create Time Lapse Files/ADP	(1) 1.3 Time Lapse Count, Section B. Materials														
8. Examine Time Lapse Counts/ Validation Staff	(1) 1.3 Time Lapse Count, Section C. Methodology														
9. Add Time Lapse Error Rate to RV Spreadsheet/ Validation Staff	(1) 1.3 Time Lapse count, Section C. Methodology														
10. Analyze RV Results/Validation Staff- Regional Staff	(1) 1.1 Item count, Section E. Results (2) 1.2 Duplicate Detection, Section E. Results (3) 1.3 Time Lapse Count, Section E. Results														

MODULE 2.1--SAMPLING TRANSACTIONS AND TV WORKSHEET PREPARATION

A. PURPOSE

The purpose for sampling transactions from the RV reconstruction file is to verify that the programming in Module 1 was done correctly and to ensure that transactions are accurate based on the characteristics that define the subpopulation to which each sampled transaction belongs.

TV uses two types of samples--random and supplemental--to address different types of federal report errors and different targets for validation accuracy. The type of transaction being validated, and whether human error is inherent in the data, help to determine which sample type is used. The samples enable the validator to review the reconstructed populations for both systems logic and data quality errors. The sampling strategy is further detailed in Appendix A on page A.70.

It is important to note that the findings from random and supplemental samples cannot be combined, because random samples are used to estimate the overall error rate in a population, whereas supplemental samples indicate primarily whether a classification error exists. Page 70 of Appendix A provides more detail about random and supplemental samples and when they are used.

The supporting document used for validating both of these sample types will come from one of three sources (see Table A.3 on page 76 of Appendix A for a detailed explanation):

1. **Validation Worksheets.** The validation worksheet alone is used for validation for populations where all of the data elements required for validation are pre-printed on the worksheet. The worksheet, is identical to the reconstruction file, except that checkbox columns have been added to the right of each data element.
2. **Database Screens.** For populations where it is not possible for all of the data to be printed on the worksheets.¹ It is necessary for the validator to refer to the database screens for additional information. It is also necessary to review a

¹This refers to certain subpopulations, such as first payments. The logic for validating a first payment requires examination of the entire payment history file. It would not be possible to include the entire history on the reconstruction file.

designated sample of subpopulations against system documentation to ensure that the validation worksheets are programmed accurately. This is explained in detail on page 2-4.

3. **Supporting Files/Paper Documentation.** For populations where the definitive source is a paper record or file, it is also necessary to validate the data on the worksheet against the paper audit trail. This methodology will be used for validation of non-monetary redeterminations, appeals, and overpayments.²

²Non-monetary determinations are validated as a part of the quality review (see ETA HB 301), so that it is not necessary to select and review an additional sample of determinations.

B. MATERIALS (ADP STAFF)

Task 1. ADP Staff Produce TV Samples Based on Appendix A Validation Sampling Specifications

Pages 70 through 77 of Appendix A include a summary of the sampling specifications from each RV file specification. The sampling specifications detail each of the samples to be drawn and specify the subpopulations to be sampled, the sample size, and the sample type. All samples are validated using system data (either pre-printed on the validation worksheet or from the review of the database screens), to ensure that the State's reporting programs are functioning correctly. For a small number of samples, it is also necessary to review supporting documentation in the form of paper files. States that reconstruct reported transactions directly from the database can validate some samples from the worksheet alone, if the necessary data have been captured. Table A.3 in Appendix A specifies how this is done. Appendix G describes a methodology for using frequency distributions to ensure that every transaction's characteristics match the appropriate subpopulations. States that have access to statistical software packages should utilize these methods to provide an even more thorough validation.

Task 2. ADP Staff Use Each of the Fourteen RV Files as the Sample Frames for the TV

The ADP staff will draw samples from the entire population of transactions in each RV file. (See Module 1.1 for a detailed explanation of RV files.)

Task 3. Produce Fourteen TV Worksheets

Appendix E provides formats for the TV worksheets on which ADP staff pre-print the transactions designated in the sampling specifications. Automating the extraction of sample cases and downloading onto the worksheets reduces the probability of error. The sampled transactions must be drawn from the RV files for each population, which are specified in Appendix A and are used in Module 1. The transactions are then printed out onto the specific TV worksheet for that population, with a Total row for total transactions and errors, and a space separating each sample. An additional "total errors" row should be added to the bottom of each worksheet to tally all of the errors. The worksheets guide the validator to the appropriate steps in the State-specific instructions in Module 3 for validating each relevant data element on the worksheet. This format enables quick reference between the worksheets and the instructions. Module 2.2 provides an overview of how the validator uses the worksheets in conjunction with the State-specific instructions to perform the TV.

C. METHODOLOGY (VALIDATION STAFF)

The validator will complete the TV worksheets by performing the following tasks. The worksheets guide the validator to the appropriate steps in Module 3 that are specific to its State for the data element to be validated.

Task 1

ADP staff should follow the sampling procedures described in Appendix A to select the required transactions and should print them out in the worksheet format specified in Appendix E. Automating the extraction of sample cases and downloading onto the worksheets reduces the probability of error. If ADP staff cannot perform the sampling and preprinting of the worksheets, the validator must select a sample of transactions directly from the file by following the specifications in Appendix A on pages 70 through 77 and manually record the characteristics on the applicable worksheets, which can be photocopied from Appendix E. In this situation, the validator must manually add the “total errors” row to the bottom of each worksheet.

Task 2

As a prevalidation step, the validator must compare the characteristics of each sampled transaction on the TV worksheets with the characteristics of the RV subpopulation specifications from which the transaction was sampled, as specified in Appendix A, to ensure that the transaction fits the specified criteria for inclusion in a given subpopulation. The TV worksheets have both the State-specific codes and the generic labels for each characteristic. The generic labeling enables the validator to compare the data elements of each transaction with the elements on the specification, to determine whether the transactions have been sorted correctly. For example, if the sampled transaction is from subpopulation 8.1 (on page 45 of Appendix A), then the transaction should be a regular UI, intrastate, single-claimant lower authority appeals decision. The appellant should be the claimant, the case should have been decided in favor of the appellant, and the issue is voluntary quit. These are the specifications for sorting this subpopulation. If data other than that specified for a subpopulation appear, then a problem exists with the sample. It must be brought to the attention of State ADP staff, who must correct the sample selection and the worksheet programs. Once corrected, the process will be repeated to confirm the correctness of the sorted populations.

Task 3

Compare the TV worksheets with the original RV files to ensure that the correct transaction has been transferred onto the TV worksheets for each supplemental sample. The subpopulation number is listed on the worksheet for each sampled transaction, which directs the validator to the appropriate subpopulation number on the RV file specification.

D. EXAMPLE

Figure 2.1.1 shows a sample TV worksheet that uses a sample of lower authority appeals decisions as displayed on the RV file example in Module 1. This is only a portion of the TV worksheet. At the top of the worksheet, the validator notes pertinent identifying information, including the source of the data.³ The worksheet itself displays the identical information (the characteristics of the transactions) as is displayed on the RV file, except that the worksheet lists only transactions sampled for TV on the basis of the sampling specifications. The worksheet also contains a column between each characteristic in which the validator indicates whether the characteristic of the transaction passed or failed the validation check.

³States that do not capture data directly from the benefits data base may have to perform Independent Count Validation and cannot validate without referring to source documentation for every sampled transaction. See Appendix D for instructions in conducting an independent count validation.

**LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING**

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

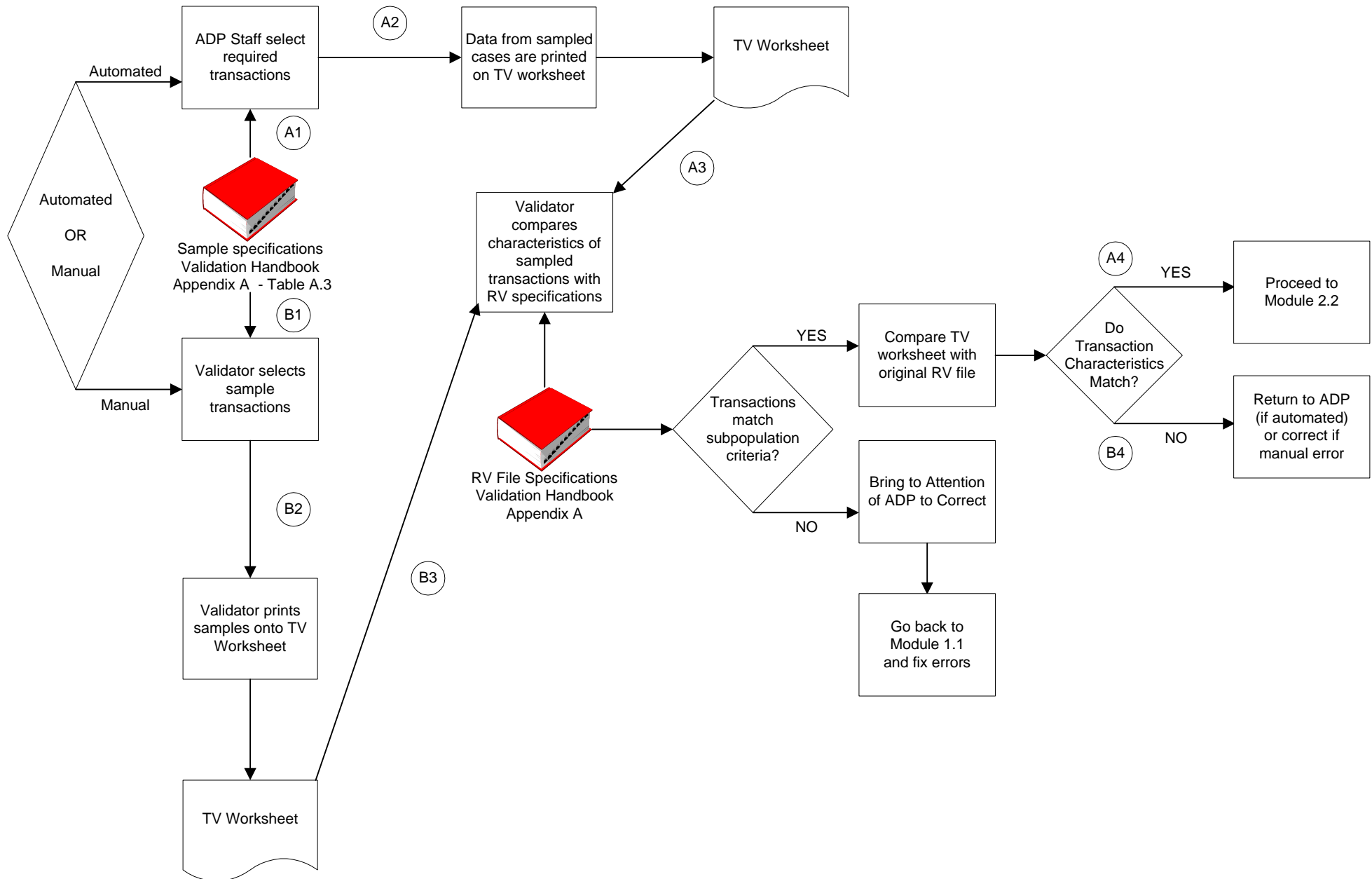
		Match																														
		1 (Step 1E)	2 (Step 1E)		3 (Step 2)		4 (Step 4)		5 (Step 5)		6 (Step 24A)		7 (Step 25A) (Step 25B)		8 (Step 25B)		9 (Step 26)		10 (Step 27)		11 (Step 32)		12 (Step 28)		13 (Step 29A)		14 (Step 30A)		15 (Step 31)			
Obs #	Subpop	SSN	Docket # Unique ID	T	Type of UI Program	T	Program Type	T	Intrastate/ Interstate	T	Lower Authority Appeal	T	Single Claimant Multi- claimant	T	Multi- claimants	T	Appellant	T	In Favor of Appellant	T	Filed Date	T	Decision Date	T	Time Lapse	T	Disposed of by Decision	T	Issue Code	T		
1	8.1	135678934	7345	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Claimant-A	T	Yes-3	T	1/20/96	T	2/11/96	T	22	T	Yes-1	T	V.Q.-07	T		
2	8.1	38574659	7198	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Claimant-A	T	Yes-3	T	1/29/96	T	2/26/96	T	28	T	Yes-1	T	V.Q.-07	0		
3	8.1	593748734	7254	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Claimant-A	T	Yes-3	T	1/20/96	0	2/21/96	T	32	0	Yes-1	T	V.Q.-07	T		
7	8.1	748598394	7256	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Claimant-A	T	Yes-3	T	12/28/95	T	2/14/96	0	48	T	Yes-1	T	V.Q.-07	T		
9	8.2	132678934	7572	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Employer- B	T	Yes-3	T	1/22/96	T	2/12/96	T	21	T	Yes-1	T	V.Q.-07	T		
11	8.2	382574659	7361	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Employer- B	T	Yes-3	T	1/25/96	0	2/23/96	0	29	0	Yes-1	T	V.Q.-07	T		
13	8.2	593738734	7277	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Employer- B	T	Yes-3	T	12/23/95	T	2/2/96	T	37	T	Yes-1	T	V.Q.-07	T		
14	8.2	718598394	7283	T	Reg. UI-A	T	UI-01	T	Intrastate- LO99	T	LA-1	T	S-1	T	NA	T	Employer- B	T	Yes-3	T	11/3/95	T	2/1/96	T	90	T	Yes-1	T	V.Q.-07	T		
TOTAL ERRORS				0		0		0		0		0		0		0		0		0		0		2		2		2		0		1
TOTAL SAMPLE			8																													

Note: Sampling specifications are found in Table A.3 on page 70 of Appendix A.
Worksheet layouts are found in Appendix E. States must produce the worksheet exactly as shown in Appendix E for the applicable population, with the addition of a Total row at the end of each sample.

E. RESULTS

The validator should examine subpopulation characteristics on the TV worksheets to ensure that the transactions have been sorted properly. Transactions are compared with the file specifications to ensure that the transaction meets the requirements for inclusion in a particular subpopulation. If the programming is erroneous, the transaction could pass validation even if its characteristics do not match the requirements for the subpopulations, because the elements are validated as they appear on the worksheet. If any characteristics do not match, the sample selection and worksheet generation must be reprogrammed and run again. Although the risk of this programming error is low, it is a critical prevalidation review step. It is likely that serious discrepancies would be found in validating cell counts (Module 1) if such a programming error had occurred.

Figure 2.1.2
Module 2.1 -- Worksheet Preparation and Sample Selection



F. OVERVIEW OF MODULE 2.1 (FIGURE 2.1.2)

Figure 2.1.2 Step No.	Step Description	Who Performs Step
Option A) Automated Worksheet Generation: In this approach, ADP staff perform the following steps to generate the worksheets.		
A1	ADP programs the sampling specifications, found in Appendix A, Table A.3, to automatically select the required transactions.	ADP Staff
A2	The sampled transactions are pre-printed on the TV worksheet for the validator's use.	ADP Staff
A3	The validator compares the characteristics of the sampled transactions on the worksheet with the RV file specifications. This is especially important if the sample selection was automated, to ensure that the sample extract program was properly executed.	Validator
A4	The validator compares the sampled transactions with the transactions on the RV population file to ensure they were transferred correctly.	Vaidator
Option B) Manual Worksheet Generation: In this approach, the validators perform the following steps to select the cases to be sampled and enter them on the worksheet.		
B1	The validator uses the sampling specifications, found in Appendix A, Table A.3, to select the sample transactions from the RV files.	Validator
B2	The validator prints the data from the sampled transactions onto a copy of a blank worksheet photocopied from Appendix E. Alternatively, the State could create a file into which the validator would key enter the information. In either case an extra column, Cases In Error, would be added.	Validator
B3	The validator compares the characteristics of the sampled transactions on the worksheet with the RV file specifications.	Validator
B4	The validator compares the sampled transactions with the transactions on the RV population file to ensure they were transferred correctly.	Validator

MODULE 2.2--TV PROCEDURES**A. PURPOSE**

The most important goal of the entire validation process is to ensure that the individual transactions reported on the UIRR have been classified correctly. Through TV, the validator ensures that the validation programs classify the individual transactions correctly. Module 2.1 validated that the transactions meet the file specifications, and this module takes a more in-depth look at the specific elements of each transaction. If improperly classified elements are found, the programs must be corrected. Once the validation programs are known to be correct, any discrepancies between the validation or reconstructed counts and the reported counts will indicate errors in the reporting software. This module provides an overview of the TV process.⁴

In TV, the State validator applies a series of logic tests to each sampled transaction, using the data fields, values, and codes from the claimant benefits history database.⁵ These “logic tests” are sort criteria, based on federal reporting requirements that characterize the elements in various report cells/validation subpopulations. The State-specific step-by-step instructions in Module 3 provide complete documentation on how to validate individual transactions (such as payments, appeals, and so forth). Although the steps relate directly to a given State’s system, all States perform the identical logic tests against federal reporting guidelines. Performing identical logic tests ensures uniform and consistent validation and reporting practices across States. This comprehensive and detailed documentation protects States and regions from loss of expertise due to staff turnover and permits flexibility in staffing the validation effort. The instructions include a structure for recording comments and definitional problems that enables States to track federal report and data validation issues. This is important for documenting issues that may affect validation in the future, and for explaining inconsistencies.

⁴For some types of transactions, the State systems will not be able to reconstruct the transaction for validation, ie., the subpopulation is so small that it was not sampled. In these situations, the validator will verify the audit trail for the subpopulation transactions. This process is discussed in more detail for relevant transactions in the “Sampling Strategy” section on pages 71 through 78 of Appendix A.

⁵If the State obtains the validation data directly from the database, some transactions may be validated directly from the file, rather than by referring to benefits history screens or other source documentation. See Table A.3 on page 76 of Appendix A.

B. MATERIALS (ADP STAFF AND VALIDATION STAFF)

Task 1. Produce Fourteen TV Worksheets According to Instructions Provided in Module 2.1

Task 2. State-specific Validation Instructions

The State validators follow each step in the TV instructions in Module 3 to validate discrete transaction characteristics. There are 43 such validation steps, many of which are divided into substeps. The steps and substeps are the lowest common denominators of reportable UI benefits transactions being validated. All of the different possible combinations of steps and substeps create the 336 distinct subpopulations.

Task 3. Accessing State Benefits History Screens and Case Folders

The State validators, for the majority of subpopulations, compare each sampled transaction with all available supporting documentation to ensure that the individual data elements have been accurately classified, and that they match the federal definitions. For the majority of sampled cases, all of the supporting data have been pre-printed on the validation worksheet. For a small number of populations (see the Sampling Strategy section on page 71 of Appendix A), it is not possible for all of the data to be printed on the worksheet. In these instances, it is necessary to review system documentation in the form of benefits history screens to perform TV. For example, validating claims and payments in which all the supporting evidence resides in the system requires either printing or on-line review of benefit history screens. For appeals and overpayments, the definitive source of documentation is outside the system, in files or case folders.⁶ The validator must access these documents to perform TV. Because nonmonetary determinations are validated against paper files in the BTR quality review, it will not be necessary to review these paper files during data validation.

⁶Reference to supporting data or evidence residing on the State system means that there is no paper or hard copy document to which the validator can refer as the definitive validation source. For example, initial and/or continued claims (which generate payments) rely on direct entry by a claims taker on intake or by the claimant using a telephone. In the absence of a paper record the only definitive source is the State's database.

Task 4. Produce Fourteen TV Summary and Analytical Reports

The validator uses summary and analytical reports (specified in Appendix F) to summarize and evaluate errors identified through the TV process. Errors detected through the validation process are recorded on the summary and analytical report for each random and supplemental sample for a specific type of transaction. Error rates are calculated for the population as a whole and for each type of error, including time lapse. For example, it is necessary to distinguish between an invalid first payment (i.e., the payment was not the first payment on the claim) and a valid first payment that was reported in the wrong category (e.g., an incorrect program type). Results from random and supplemental samples of a transaction population are not combined because random samples indicate error rates for the universe of transactions, whereas supplemental samples identify only the existence of errors. The summary and analytical reports are also used for reporting quality validation results to the UIS national office.

Appendix F includes formats for the summary and analytical report.

Because nonmonetary determinations data validation will be performed in conjunction with the BTQ quality review, the population summary and analytical report will be constructed from the subset of quality review data elements used for validation by the UIS national office.

If the summary and analytical reports reveal an unacceptable level of data error, the State must prepare a plan for review by the federal regional office, which should include a schedule for correcting identified problems. Validation of the affected transactions should occur immediately after these corrections have been made.

Full validation will be repeated at regular intervals or after changes to the State's system have been made.

C. METHODOLOGY (VALIDATION STAFF)

Task 1

For each sampled transaction, validate the characteristic listed in each worksheet column by performing the State-specific validation instructions in Module 3. The appropriate instructions for each characteristic are located by the step number on the top of each column of the worksheet. If there are substeps, but the substep is not specified in the column heading on the TV worksheet, then the first page for the step number in the State-specific instructions will direct the validator to the appropriate substep.

Layout of Module 3 Steps:

Instructions guide the validator in locating and comparing specific pieces of information from the supporting documentation with the corresponding data on the TV worksheets, to determine the validity of the information (pass or fail).⁷

The instructions for each step or substep provide a list of all the different types of supporting documentation that the validator will need.⁸

Rules are a set of logic tests, which determine the accuracy of each characteristic of a given transaction.

Functions explain the purpose of each *rule*.

Comments provide any additional information that State staff or federal regional auditors may need to handle unusual situations.

Definitional problems describe any discrepancies between State and federal definitions. These discrepancies will be added as issues are identified through the validation process. This section serves an important role in systematically documenting validation issues.

⁷Future changes in the State's system may necessitate revisions to the State's instructions in Module 3. States are responsible for maintaining the currency of Module 3 by adding new screens, field names, codes, or other changes to relevant sections. The national office will provide a mechanism for States to use to maintain Module 3.

⁸If a State is able to minimize document review and validate directly from the worksheet, the document identifier and the match step in the instructions need not be referenced after the initial two screens have been checked.

Definitions contain the federal definition of the item being validated.

Task 2

After completing the instructions for each step, record a check (T) in the blank box on the TV worksheet to the right of the step if the transaction passed every rule or record a zero (0) if the transaction failed any of the rules.

Task 3

After completing a sample of transactions, record the total number of sampled transactions in the Total Sample row at the bottom of each sample or worksheet and the total number of errors (zeros) in the Total Errors row.

Task 4

Refer to the TV worksheet column indicated in the summary and analytical report column header for the same population and transfer the error total for each step. Also transfer the total sample from the TV worksheet to the summary and analytical report.

Use the summary and analytical reports as a guide to further researching errors. In addition to containing the worksheet column references, the report column headings contain the corresponding validation step numbers from the State-specific instructions. This structure facilitates research by informing the validator where to go in the instructions to find out more about the type of step, substep, or rule failure that the errors represent.

D. EXAMPLE

Using the lower authority appeals decisions example in Figure 2.1.1, the following validation rules and logic tests are used in validation. The validator begins the validation by looking at the first transaction (first row) on the TV worksheet and then by looking at the first step listed in the columns across the top of the TV worksheet (Step 1E). The validator then locates Step 1E in the State-specific instructions in Module 3.

If there are substeps, but the substep is not specified in the column heading, the first page for the step number will direct the validator to the appropriate substep. For observation 1 on the sample worksheet, the validator will first turn to Step 1E in Module 3 for instructions to check that both the SSN and the Docket Number listed on the worksheet (columns 1 and 2 on the worksheet) match the SSN and Docket Number on all supporting documentation (benefits history screens and appeals case folders) that were produced for the validation. Step 1E, like other match steps, ensures that the unique identifiers on the worksheet match the unique identifiers on the supporting documentation, to ensure that the correct transaction is being validated.

After completing the instructions for that step, the validator returns to the TV worksheet. The validator checks the column if the transaction has passed all of the tests or records a zero if the transaction has failed any of the tests. The validator repeats this process for each step on the TV worksheet and for each transaction. Any variations between data on the worksheets and on the documentation represent errors, which should be noted on the worksheet and recorded on the summary and analytical report.

The summary and analytical report in Figure 2.2.1 displays errors and other relevant information from the lower authority appeals decisions worksheet in Figure 2.1.1.

FIGURE 2.2.1

SUMMARY AND ANALYTICAL REPORT

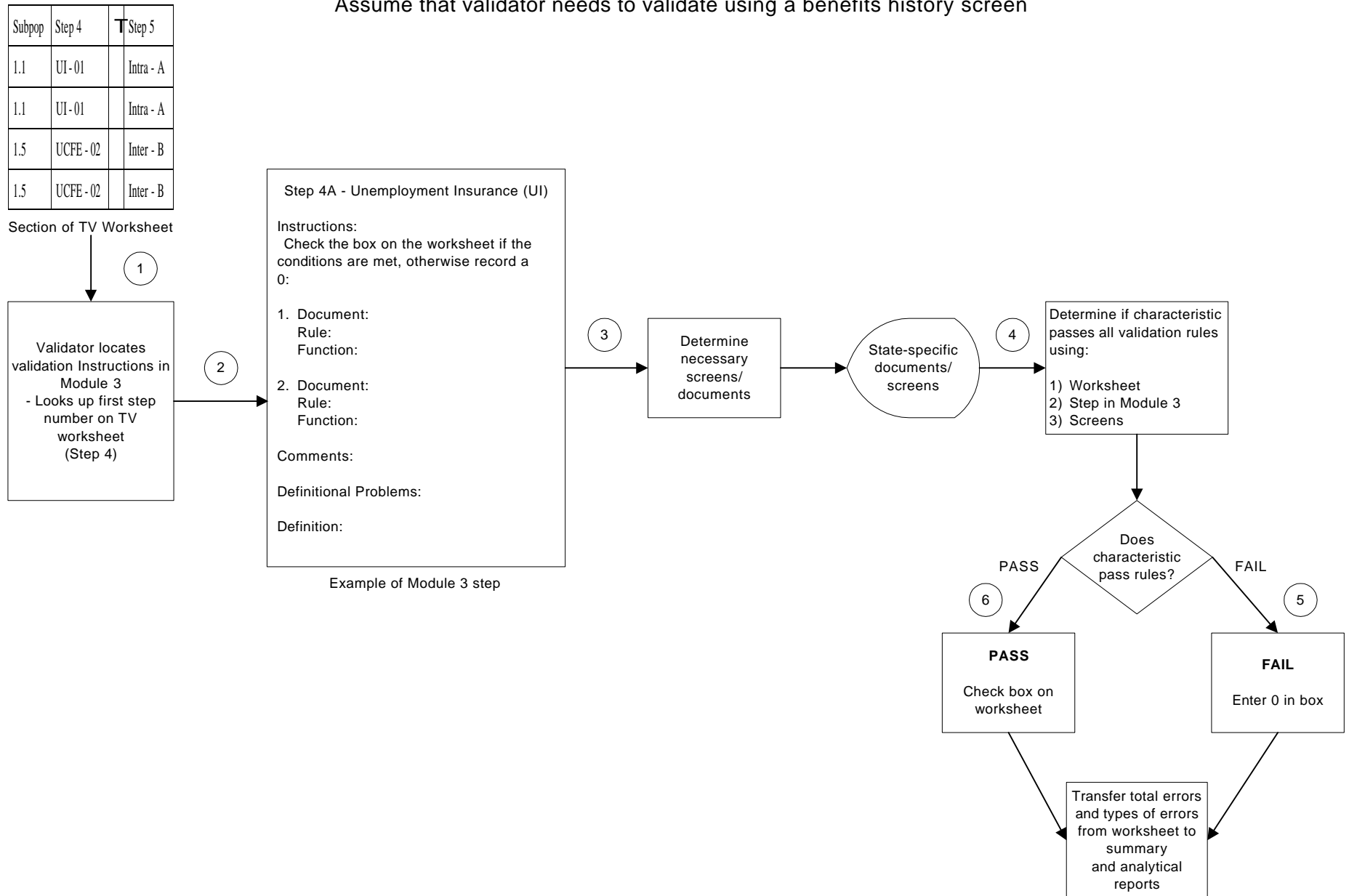
Validation Populations 8 and 9 - Lower and Higher Authority Appeals Decisions (Single Claimant) - Quality Summary																					
Samples	Total Sample	Invalid Decisions					Reporting Characteristic Errors										Time Lapse Errors				
		1 & 2 (Step 1E) (Step 1F)	6 (Step 24A) (Step 24B) Lower/ Higher Authority Appeal	14 (Step 30A) Disposed of By Decision	Total Errors	Percent Error	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intra/ Interstate	7 (Step 25A) (Step 25B) Single/ Multi- Claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor of Appellant	15 (Step 31) Issue Code	Total Errors	Percent Error	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse Calc	Total Errors	Percent Error
Random	Single Claimant Lower Authority (32a/8.1-8.44)	60			0	0%							0	0	0	0%					0%
	Single Claimant Higher Authority (34a/9.1-9.12)	100			0	0%									0	0%	0	2		2	2%
	Random Total	160			0	0%							0	0	0	0%	0	2		2	1.25%
Supplemental	Single Claimant Lower Authority Missing Strata (32b/8.1-8.44)	0																			
	Single Claimant Lower Authority Outliers (32c/8.1-8.44)	10			0	0%									0	0%				0	0%
	Multiclaimgant Lower Authority (32d/8.45-8.55)	0																			
	Single Claimant Higher Authority (34c/9.1-9.12)	10			1	10%									0	0%				0	0%
	Multiclaimgant Higher Authority (35d/9.13-9.23)	2			0	0%									0	0%				0	0%

E. RESULTS

Each summary and analytical report summarizes the errors detected through the validation process for each random and supplemental sample for a specific type of transaction. Error rates are calculated for the population as a whole and for each type of error, including time lapse. If the summary and analytical reports reveal an unacceptable level of data error, the State should prepare a plan that includes a schedule for correcting identified problems and a review by the federal regional office.

Figure 2.2.2
Module 2.2 -- TV Procedures

Method for validating each characteristic (column) for each sampled transaction on worksheet
Assume that validator needs to validate using a benefits history screen



F. OVERVIEW OF MODULE 2.2 (FIGURE 2.2.2)

Figure 2.2.2 Step No.	Step Description	Who Performs Step
1	The validator uses the TV worksheet to locate the first relevant step in Module 3. For each sampled transaction, there will be certain data elements printed on the worksheet. Columns for data that are not relevant to a particular transaction will be blank. For elements where there are data, the validator locates the step number at the top of the column. The step numbers refer to the step numbers in Module 3 of the handbook. In Figure 2.2.2, for the first sampled transaction in Subpopulation 1.1 the first data element is UI-01. This column directs the validator to go to Step 4 in Module 3. The validator proceeds through each of the steps for each sampled transaction in the same manner.	Validator
2	The validator turns to the designated step in Module 3. Each step will have between 1 and 9 rules listed. The purpose or “Function” of each rule is provided. In addition, each step includes the definition from the ETA 401. “Definitional Problems” is used to document instances where State regulations or practices conflict with the federal definitions. The “Comments” field can be used by the validator to take notes or document issues that may be helpful for future validations.	Validator
3	The validator determines which “Documents” are necessary to check each rule. Documents are used to compare the data on the worksheet with the data residing in the State database or State files. In some cases, it will not be necessary to pull any additional documents when all of the data elements have been included on the worksheet. In other instances, it will be necessary for the validator to refer to screen prints and/or case files.	Validator
4	The validator determines if the characteristic being validated passes all of the validation rules using the required documents.	Validator
5	If any of the rules for the step fail validation, then the validator enters a “0” in the box on the worksheet for that step.	Validator
6	If the data element passed all of the rules, then the validator checks the box on the worksheet and proceeds to the next step.	Validator
7	After each of the steps for every transaction has been validated, the validator tabulates the total errors and enters them into the appropriate columns on the TV summary and analytical reports.	Validator

MODULE 2.3--SUMMARY OF MODULE 2 VALIDATION STEPS

On the next page is a summary of each task which must be performed for each population of benefits transactions to be validated. State staff can use the check boxes to keep track of completed tasks.

TABLE 2.3.1

CHECK LIST OF VALIDATION STEPS REQUIRED FOR EACH POPULATION

Validation Step/Responsible Unit	Handbook Sections That Document Specifications	Populations													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Create TV Worksheets with Samples Selected from RV Files/ADP Staff	(1) 2.1 Sampling Transactions and TV Worksheet Preparation, Section B. Materials (2) Appendix A, Table A.3 (sampling specifications) (3) Appendix E, TV Worksheets														
2. Assemble Source Documentation for TV/Validation or ADP Staff	(1) 2.2 TV Overview, Section B. Materials (2) 3 - TV Validation Steps Lists all screens, paper files required for each validation step														
3. Complete TV Summary and Analytical Reports/Validation Staff (These will be programmed as an automated federal report on UIDB)	(1) 2.2 TV Overview Section B-Materials; Section C. Methodology														

MODULE 3--TRANSACTION VALIDATION

Table 3.1 outlines each step in the TV process and component substeps. Table 3.2 indicates the combination of validation steps required for validation of each population. The TV worksheet guides the validator to the necessary steps by the presence or absence of data for each step for a given transaction. The TV worksheets also indicate the corresponding steps used for validation. Once the validator learns the instructions and rules listed under each step and substep, it will not be necessary to refer to them for each transaction or element being validated.

The validator begins the validation by looking at the first transaction (first row) on the TV worksheet and then by looking at the first step listed in the column at the top of the TV worksheet (Step 1E). The validator then locates Step 1E in the State-specific instructions in Module 3.

If there are substeps, but the substep is not specified in the column heading, the first page for the step number will direct the validator to the appropriate substep.

The inclusion of State-specific information in this module is not to be deemed a finding that such information is in compliance with federal reporting data definitions.

TABLE 3.1
TV STEPS AND SUBSTEPS

Step	Substep A	Substep B	Substep C	Substep D	Substep E	Substep F	Substep G	Substep H	Substep I	Substep J
1 - Matching Sampled Transaction to Benefits History Screen(s)	Week Claimed	Claims	Payments	Nonmonetary Determinations and Redeterminations	Appeals - Lower	Appeals - Higher	Overpayments	Overpayment Reconciliation Activities		
2 - Type of UI Program	Regular Unemployment Insurance	Workshare	Extended Benefits	Disaster Unemployment Assistance (DUA)						
3 - Type of Claim	New Claim	Additional Claims/ Reopened Claims	Transitional Claims	Entering Self-Employment Program						
4 - Program Type	UI	UCFE or UCFE/UCX	UCX	Joint UI/Federal	Self-Employment Program					
5 - Intrastate or Interstate Claim	Intrastate	Interstate Received as Liable State	Interstate Taken as Agent State	Interstate Filed from Agent State	Intrastate CWC	Interstate CWC				
6 - Claim Status	Monetary Determination Within Quarter	No Monetary Determination	Sufficient Wages to Qualify for Benefits	Insufficient Wages to Qualify for Benefits						
7 - Maximum Weekly Benefit										
8 - Potential Weeks of Duration	Potential Weeks of Duration	Maximum Potential Weeks of Duration								
9 - Actual Weeks of Duration	Actual Weeks of Duration	Maximum Actual Weeks								
10 - Types of Compensation	First Payment	Continued (Weeks) Payment	Final Payment	Partial/Part-Total Payment	Total Payment	Adjusted Payments	Prior Weeks Compensated			
11 - Weeks Claimed										

Table 3.1 (*continued*)

Step	Substep A	Substep B	Substep C	Substep D	Substep E	Substep F	Substep G	Substep H	Substep I	Substep J
12 - Amount Compensated	UI Amount Compensated	UCFE Amount Compensated	UCX Amount Compensated	CWC Amount Compensated	Self-Employment Amount Compensated					
13 - Week Ending Date of Week Paid										
14 - Payment Mail or Deposit Date										
15 - Payments Time Lapse										
16 - Nonmonetary Determination/Redetermination	Nonmonetary Determination	Nonmonetary Redetermination								
17 - Type of Determination	Single Claimant	Multiclaimgant								
18 - Determination Issues	Voluntary Quit	Misconduct	Other Separation Issues	Able and Available To Work	Deductible Income	Suitable Work Refusal	Reporting Requirements	Profiling	Other Nonseparation Issues	Labor Dispute (Substep K) Other Multiclaimgant Issues
19 - First Week Affected by a Determination										
20 - Issue Detection Date										
21 - Notice Date										
22 - Nonmonetary Determination Time Lapse	Detection Date to Notice Date	First Week Affected to Detection Date								
23 - Outcome of Determination	Determination to Allow	Determination or Redetermination to Deny								
24 - Appeal Level	Lower Authority Appeal	Higher Authority Appeal								
25 - Type of Appeal	Single Claimant	Multiclaimgant								
26 - Appellant	Claimant	Employer	Other than Claimant or Employer							

Table 3.1 (*continued*)

Step	Substep A	Substep B	Substep C	Substep D	Substep E	Substep F	Substep G	Substep H	Substep I	Substep J
27 - Outcome of Decision	In Favor of Appellant	Not in Favor of Appellant								
28 - Appeal Decision Date										
29 - Appeal Time Lapse	Appeal Time Lapse	Appeal Case Age Calculation								
30 - Appeal Disposition	Disposed of by Decision	Not Disposed of								
31 - Appeal Issues	Voluntary Quit	Misconduct	Suitable Work Refusals	Able and Available To Work	Other Issues	Labor Dispute				
32 - Appeal Filed Date										
33 - Type of Overpayments	Fraud Overpayment	Nonfraud								
34 - Cause of Overpayments	Reversal (JAVA)	SESA Error	Employer Error	Claimant Error	Administrative Penalty	Other Cause				
35 - Overpayment Detection Activities	Crossmatch of Benefit Payments with Wage Records	Verification of Low Earnings	Employer Protests of Benefit Charges	Tips and Leads from Outside Sources	Verification of Return-to-Work Dates and Wages Earned	Internet Crossmatch	Quality Control	Other Controllable Overpayment Detection Activities	Other Noncontrollable Overpayment Detection Activities	Fictitious Employer Accounts
36 - Overpayment Established Date										
37 - Amount of Overpayment										
38 - Overpayment Reconciliation Activities	Recovered Cash	Recovered Offset	Waiver	Written-Off	Additions	Subtractions				
39 - Overpayment Reconciliation Activity Date										
40 - Amount of Overpayments Reconciliation Activity										
41 - Pending Overpayment										

Table 3.1 (continued)

Step	Substep A	Substep B	Substep C	Substep D	Substep E	Substep F	Substep G	Substep H	Substep I	Substep J
42 - Balance of Overpayment										
43 - Overpayment Aging Calculation										

TABLE 3.2

RELEVANT TV STEPS, BY POPULATION

Population	Relevant TV Steps ^a
1 - Weeks Claimed	1, 2, 4, 5, 11
2 - Final Payments	1, 2, 4, 9, 10
3 - Claims	1, 2, 3, 4, 5, 6, 7, 8
4 - Payments	1, 2, 4, 5, 10, 12, 13, 14, 15
5 - Nonmonetary Determinations/Redeterminations	1, 2, 4, 5, 16, 17, 18, 19, 20, 21, 22, 23
6 - Appeals Filed, Lower Authority	1, 24, 25, 32
7 - Appeals Filed, Higher Authority	1, 24, 25, 32
8 - Appeals Decisions, Lower Authority	1, 2, 4, 5, 24, 25, 26, 27, 28, 29, 30, 31, 32
9 - Appeals Decisions, Higher Authority	1, 2, 4, 5, 24, 25, 26, 27, 28, 29, 30, 32
10 - Appeals Pending, Lower Authority	1, 24, 29, 30, 32
11 - Appeals Pending, Higher Authority	1, 24, 29, 30, 32
12 - Overpayments Established	1, 4, 33, 34, 35, 36, 37
13 - Overpayment Reconciliation	1, 4, 33, 38, 39, 40
14 - Overpayment Case Aging	1, 4, 36, 41, 42, 43

^aThe appropriate substeps for each population are specified on the RV printout specifications.

Step 01 Match

- A. Week Claimed**
- B. Claims**
- C. Payments**
- D. Nonmonetary Determinations and Redeterminations**
- E. Appeals - Lower**
- F. Appeals - Higher**
- G. Overpayments**
- H. Overpayment Reconciliation Activities**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 1

1. Document :	BENEFIT HISTORY
Rule :	The social security number matches the social security number of the week claimed on the worksheet.
	(Is BH01 or BH10 the correct screen name? Does the name of the screen differ according the the claim's status? This question applies to all screen names.)
Function :	This rule ensures that the validator has correctly identified the weeks claimed to be validated on the supporting documentation by matching on the SSN.
2. Document :	BENEFIT HISTORY
Rule :	The selected WEEK date matches the WEEK date of the week claimed on the worksheet.
Function :	This rule ensures that the validator has correctly identified the weeks claimed to be validated on the supporting documentation by matching on the week-ending date of the week being claimed.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

1. Document :	CLAIM CONTROLS
Rule :	The social security number matches the social security number of the claim on the worksheet.
Function :	This rule ensures that the validator has correctly identified the new claim or benefit year established to be validated on the supporting documentation by matching on the SSN.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 2 and 4

1. Document :	BENEFIT HISTORY
Rule :	The social security number matches the social security number of the payment on the worksheet.
Function :	This rule ensures that the validator has correctly identified the payment to be validated on the supporting documentation by matching on the SSN.
2. Document :	BENEFIT HISTORY
Rule :	The WARRANT # of the payment matches the WARRANT # of the payment on the worksheet.
Function :	This rule ensures that the validator has correctly identified the payment to be validated on the supporting documentation by matching on the check number.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The social security number matches the social security number of the adjudication or redetermination on the worksheet.

Function : This rule ensures that the validator has correctly identified the nonmonetary determination or redetermination to be validated on the supporting documentation by matching on the SSN.

2. Document : BENEFIT HISTORY

Rule : The two-digit issue code (following a one-digit number and a dash) of the adjudication or redetermination matches the issue code of the adjudication or redetermination on the worksheet.

Function : This rule ensures that the validator has correctly identified the nonmonetary determination or redetermination to be validated on the supporting documentation by matching on any unique identifier maintained by the State (at a minimum, issue code).

Comments:

**Definitional
Issues:**

Definitions: NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 6, 7, 8, and 10

1. Document :	LOWER AUTHORITY APPEALS SCREENS
Rule :	The social security number matches the social security number of the lower authority appeal on the worksheet.
Function :	This rule ensures that the validator has correctly identified the lower authority appeal to be validated on the supporting documentation by matching on the SSN.
2. Document :	LOWER AUTHORITY APPEALS SCREEN
Rule :	The Docket No. of the lower authority appeal filed matches the Docket No. of the lower authority appeal filed on the worksheet.
Function :	This rule ensures that the validator has correctly identified the lower authority appeal to be validated on the supporting documentation by matching on any unique identifier maintained by the State, such as docket number, although recently filed appeals may not have had docket numbers assigned.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 9 and 11

1. Document :	??
Rule :	The social security number matches the social security number of the higher authority appeal on the worksheet.
Function :	This rule ensures that the validator has correctly identified the higher authority appeal to be validated on the supporting documentation by matching on the SSN.
2. Document :	??
Rule :	The ?? of the higher authority appeal filed matches the ?? of the higher authority appeal filed on the worksheet.
Function :	This rule ensures that the validator has correctly identified the higher authority appeal to be validated on the supporting documentation by matching on any unique identifier maintained by the State (such as docket number, although recently filed appeals may not have had docket numbers assigned).
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 12 and 14

1. Document :	??
Rule :	The social security number matches the social security number of the overpayment on the worksheet.
Function :	This rule ensures that the validator has correctly identified the overpayment to be validated on the supporting documentation by matching on the SSN.
2. Document :	??
Rule :	The ?? of the overpayment matches the ?? of the overpayment on the worksheet.
Function :	This rule ensures that the validator has correctly identified the overpayment to be validated on the supporting documentation by matching on any unique identifier maintained by the State.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document :	OVERPAYMENT RECOVERY HISTORY
Rule :	The social security number matches the social security number of the overpayment reconciliation activity on the worksheet.
Function :	This rule ensures that the validator has correctly identified the overpayment reconciliation activity to be validated on the supporting documentation by matching on the SSN.
2. Document :	OVERPAYMENT RECOVERY HISTORY
Rule :	The ?? of the overpayment reconciliation activity matches the ?? of the overpayment reconciliation activity on the worksheet.
Function :	This rule ensures that the validator has correctly identified the overpayment reconciliation activity to be validated on the supporting documentation by matching on any unique identifier maintained by the State.
Comments:	
Definitional Issues:	
Definitions:	NOT APPLICABLE

Step 02 Type of UI Program

- A. Regular Unemployment Insurance**
- B. Workshare**
- C. Extended Benefits**
- D. Disaster Unemployment Assistance (DUA)**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, and 9

1. Document : BENEFIT HISTORY

Rule : The PGM code is REG.

Function : This rule validates that the claim was a regular UI claim and not a special program by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Regular Benefits: Benefits payable to individuals in State and Federal unemployment compensation programs for weeks of unemployment in a benefit year that generally do not exceed 26 weeks of full benefits. The cost of such payments under the State UI program is totally financed by State trust funds. The cost of such payments under the Unemployment Compensation for Federal Employees (UCFE) and Unemployment Compensation for Ex-Servicemembers (UCX) programs is totally financed by Federal program funds.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, and 9

1. Document : DATED STOPS AND FLAGS

Rule : There is a STC PLAN NUMBER.

Function : This rule validates that the claim is workshare by checking an indicator. This only applies to certain States (not all States have a workshare program).

Comments:

**Definitional
Issues:**

Definitions: Workshare (Short-Time Compensation (STC) Program): A State program which is an alternative to employee layoffs, whereby a group of workers simply work shorter work weeks and are compensated for their lost work time with partial benefits. Such benefits are payable to these individuals as a percentage of their weekly benefit amount equivalent to the percentage of work hours reduced. Benefits would not be payable to these workers under a State's normal partial benefits formula. To participate in the Workshare or STC program, employers must submit their plans to the State agency for approval. (ETA 401, p. V-1-9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, and 9

1. Document : BENEFIT HISTORY

Rule : The PGM code is EB.

Function : This rule validates that the claim is an Extended Benefits Claim and not a regular UI claim or other special program by checking an indicator (only applies to 5159, 207, and 5130 AE reports).

Comments:

**Definitional
Issues:**

Definitions: Extended Benefits (EB): A supplemental Federal-State program that pays extended benefits during periods of specified high unemployment to individuals for weeks of unemployment after:

1. They draw the maximum potential entitlement to regular benefits within their benefit year.
2. Their benefit year ends while they are in continued unemployment status and have insufficient wage credits to establish a new claim (provided that the EB period in the State began before the individuals' benefit year ended). The cost of EB paid to claimants under State unemployment compensation law is financed equally by State and Federal funds.

The cost of EB paid to Unemployment Compensation for Federal Employees (UCFE) and Unemployment Compensation for Ex-Servicemembers (UCX) claimants is totally financed by Federal funds.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, and 9

1. Document : BENEFIT HISTORY

Rule : The PGM code is DUA.

Function : This rule validates that the claim is a disaster unemployment assistance claim and not a regular UI claim or other special program by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Disaster Unemployment Assistance (DUA): A special Federal program that provides benefits to individuals whose unemployment is attributable to situations declared as major disasters by the President of the United States. (Referred to as an "episodic" program.)

Step 03 Type of Claim

- A. New Claim**
- B. Additional Claims/Reopened Claims**
- C. Transitional Claims**
- D. Entering Self- Employment Program**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

- | | |
|----------------------|---|
| | FOR NEW CLAIMS: |
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FILED date matches the date that the claim was filed on the worksheet and falls within the reporting period being validated. |
| Function : | This rule validates that the date that the new claim was filed matches the date on the worksheet and is during the period being validated by checking the claim filed date. |
| 2. Document : | BENEFIT HISTORY |
| Rule : | There is a CLAIM FILED indicator in the UT field. |
| Function : | This rule validates that the claim is a new claim by checking the claim type indicator. |
| 3. Document : | BENEFIT HISTORY |
| Rule : | The indicator in the UT field is not TRANSITIONAL CLAIM FILED. |
| Function : | This rule validates that the claim is not a transitional claim by checking an indicator. This is necessary to meet the definition of a new claim. |
| 4. Document : | BENEFIT HISTORY
CLAIM CONTROLS |
| Rule : | The time lapse between the last WEEK date of the previous claim and the BYB date of the new claim is more than seven days. |
| Function : | This rule validates that the claim is not a transitional claim by checking the last claimed week of the prior claim (if applicable) and the BYB of the new claim to ensure they are more than seven days apart. |
| | FOR NEW CLAIMS FILED DURING THE PREVIOUS QUARTER: |
| 5. Document : | CLAIM CONTROLS |
| Rule : | The FILED date of the new claim falls within the quarter prior to the quarter being validated. |
| Function : | This rule validates that the new claim was filed during the previous quarter. |

	FOR CWC NEW CLAIMS ONLY:
6. Document :	ICON IB4 VIEW CASE HISTORY
Rule :	The original DATE that wages were requested falls within the quarter being validated.
Function :	This rule validates that a new CWC claim was filed by checking that the original request was sent during the quarter being validated.
	NEW CWC CLAIMS FILED IN THE PRIOR QUARTER:
7. Document :	
Rule :	
Function :	This rule validates that a new CWC claim was filed by checking that the original request was sent prior to the quarter being validated.
Comments:	
Definitional	
Issues:	
Definitions:	
	<p>New Claim: The first claim filed in person, by mail, or telephone to request a determination of entitlement to and eligibility for compensation which results in an agency-generated document of an appealable monetary determination provided to the potential claimant excluding transitional claims. (One of three types of initial claims.) (ETA 401, p. I-2-5)</p>
	<p>New Combined Wage Claim: A new combined wage claim is any new claim filed under the Interstate Arrangement for Combining Employment and Wages. In many cases, a claimant may request to file a combined wage claim only after being issued an ineligible monetary determination or one indicating entitlement to less than the maximum benefits on a regular claim. For purposes of this report, the claim is reportable as a new combined wage claim at the time the claimant requests a determination under the combined wage arrangement. A new combined wage claim reported as a result of a redetermination of a regular claim that was previously reported as an initial claim on the ETA 5159 should not again be reported as an initial claim on the ETA 5159. (ETA 401, pp. IV-1-4)</p>
	<p>Note: The filing of new claims under the combined wage arranged may occur at the point of the initial claim or later in the claim series. This number should be the same as the total number of claimants for which an initial Request for Transfer of Wages was sent during the quarter. (ETA 401, p. IV-1-6)</p>

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

FOR ADDITIONAL CLAIMS ONLY:

- | | |
|----------------------|--|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FILED date of the additional claim matches the date that the claim was filed on the worksheet and falls within the reporting period being validated. |
| Function : | This rule validates that the date that the additional claim was filed matches the date on the worksheet and is during the period being validated by checking the claim filed date. |
| 2. Document : | BENEFIT HISTORY |
| Rule : | There is an ADDITIONAL CLAIM FILED indicator in the UT field. |
| Function : | This rule validates that the claim is an additional claim by checking an indicator. |
| 3. Document : | BENEFIT HISTORY |
| Rule : | There is a break of at least one week in the WEEK claimed dates prior to the additional claim date and after the new claim date and any previous additional claim dates. |
| Function : | This rule validates that there was a break in the claim series. |
| 4. Document : | BENEFIT HISTORY |
| Rule : | The TO date (from the most recent employer) is prior to the additional claim date and after the new claim date and any previous additional claim dates. |
| Function : | This rule validates that a new separation (not a separation associated with the new claim or prior additional claims) occurred. Used to validate additional claims. |
| 5. Document : | BENEFIT HISTORY |
| Rule : | A valid employer account number is associated with the TO date of the separating employer (found in an unlabeled field to the right of the SEPARATED FROM employer name). |
| Function : | This rule validates that an employer ID number is associated with the separation date to ensure that the criteria for an additional claim were met. |
| 6. Document : | BENEFIT HISTORY |
| Rule : | There is a valid REASON SEP code associated with the separating employer. |
| Function : | This rule validates that there is a documented reason for the new separation. |

FOR REOPENED CLAIMS ONLY:

7. Document : BENEFIT HISTORY

Rule : There is a REOPEN CLAIM FILED indicator in the UT field.

Function : This rule validates that the claim was a reopened claim by checking an indicator.

8. Document : BENEFIT HISTORY

Rule : There is a break of at least one week in the WEEK claimed dates prior to the reopened claim and after the new claim date and any previous additional or reopened claim dates.

Function : This rule validates that there was a break in the claim series.

Comments:

**Definitional
Issues:**

Definitions:

Additional Claim: A notice of new unemployment filed at the beginning of a second or subsequent period of eligibility when a break of one week or more has occurred in the claim series with intervening employment. Report these claims only when there has been intervening employment since the last claim was filed. Do not report as additional claims following breaks in series due to illness, disqualification, unavailability, or failure to report for any reason other than job attachment. For each reported additional claim, a record must be maintained of the separating employer, the last day worked, and the reason for separation or unemployment. This record must be maintained in either a manual or computer file and be accessible for validation. An additional claim is not reportable for the same separation as the previously taken initial claim. (One of three types of initial claims.) (ETA 401, p. I-2-5)

Reopened Claim: The first claim filed after a break in a claim series during a benefit year caused by other than intervening employment (e.g., illness, disqualification, unavailability, or failure to report for any reason other than job attachment).

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

1. Document : CLAIM CONTROLS

Rule : The FILED date of the transitional claim matches the date that the claim was filed on the worksheet and falls within the reporting period being validated.

Function : This rule validates that the date that the transitional claim was filed matches the date on the worksheet and is during the period being validated by checking the claim filed date.

2. Document : BENEFIT HISTORY

Rule : There is a TRANSITIONAL CLAIM FILED indicator in the UT field.

Function : This rule validates that the claim is a transitional claim based on an indicator.

3. Document : BENEFIT HISTORY
CLAIM CONTROLS

Rule : The time lapse between the last WEEK claimed date of the previous claim and the BYB date of the current claim is seven days or less.

Function : This rule validates that the claim meets the criteria for a transitional claim by ensuring that the last claimed week of the prior benefits year and the BYB of the new benefit year (associated with the transitional claim being validated) are within seven days.

Comments: If a State has EB, need to check for new EB claims (see definitions).

**Definitional
Issues:**

Definitions: Transitional Claim: A claim filed to request a determination of eligibility and establishment of a new benefit year having an effective date within the seven-day period immediately following the benefit year ending date and a week for which compensation or waiting period credit was claimed. (One of three types of initial claims.)

A first claim for extended benefits under the EB or other extended benefit program should not be counted as a transitional claim; it will be counted as a new claim on the separate ETA 5159 EB report or appropriate form. However, when a claimant filed for extended benefits in the last week of his/her benefit year and a determination must be made on whether he/she can establish a new benefit year, this request and any subsequent request in a continuous extended benefit claims series should be counted as a transitional claim on the regular form and not on the EB or other extended program form. (ETA 401, pp. I-2-5, 6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

1. Document :

Rule : This step is not applicable to Florida.

Function : This rule validates that the date the claimant entered the self-employment program fell within the reporting period.

2. Document :

Rule : This step is not applicable to Florida.

Function : This rule validates that the claimant entered the self-employment program by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Self-Employment Assistance Program: Count claimants who have been accepted into a self-employment program as defined under P.L. 103-182, North American Free Trade Agreement Implementation Act. Claimant activity will be counted as part of the regular program. Counts of those individuals entering the Self-Employment Assistance Program, the number of weeks compensated while in that program, and the benefits paid for those weeks will also be shown separately. (ETA 401, p. I-2-6)

Step 04 Program Type

- A. UI**
- B. UCFE or UCFE/UCX**
- C. UCX**
- D. Joint UI/Federal**
- E. Self- Employment Program**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, 9, 12, 13, and 14

1. Document : CLAIM CONTROLS

Rule : The FD code is U.

Function : This rule validates that the State's program type code indicates a State UI claim.

2. Document : WAGE TRANSCRIPT AND DETERMINATION

Rule : At least one base-period EMP NO is within the range for UI

Function : This rule validates that the employer code number is within the range for a State UI claim.

3. Document : WAGE TRANSCRIPT AND DETERMINATION

Rule : At least one base-period EMPLOYER NAME represents a UI employer.

Function : This rule validates that there was a regular UI employer during the base period by checking the employer name.

Comments:

**Definitional
Issues:**

Definitions: State Unemployment Insurance (UI): A State program that provides benefits to individuals financed wholly from State trust funds (UI) or partially from State trust funds and partially from UCFE and/or UCX program funds (joint UI/UCFE, UI/UCX, UI/UCFE/UCX claim). (ETA 401, p. V-1-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, 9, 12, 13, and 14

- | | |
|----------------------|---|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FD code is F. |
| Function : | This rule validates that the State's program type code indicates a UCFE claim. |
|
 | |
| 2. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO is within the range for UCFE. |
| Function : | This rule validates that the Employer Code Number is in the correct range for a federal agency. This test must be performed for UCFE claims to ensure that some base period wages are from federal civilian employment. |
|
 | |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents a UCFE employer. |
| Function : | This rule validates that there was a UCFE employer during the base period by checking the employer name. |
|
 | |
| 4. Document : | CLAIM CONTROLS |
| Rule : | The FD code is not U. |
| Function : | This rule validates that the State's program type code does not indicate a UI claim. |
|
 | |
| 5. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | None of the base-period EMP NOs are within the range for UI. |
| Function : | This rule validates that the employer code numbers do not contain any UI employer account number. |
|
 | |
| 6. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | None of the base-period EMPLOYER NAMES represent UI employers. |
| Function : | This rule validates that there is no regular UI base period employer listed under the employer names. |

Comments:

Definitional
Issues:

Definitions: Unemployment Compensation for Federal Employees (UCFE): A Federal program that provides benefits to individuals based on Federal civilian service.

Includes claims based wholly on Federal civilian service (UCFE, no UI) or partially on Federal civilian service and partially on Federal military service (UCFE/UCX) claim.

Excludes claims funded partially from State trust funds. (ETA 401, p. V-1-9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, 9, 12, 13, and 14

- | | |
|----------------------|---|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FD code is X. |
| Function : | This rule validates that the State's program type code indicates a UCX claim. |
|
 | |
| 2. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | The base-period EMP NOs are within the range for UCX. |
| Function : | This rule validates that an employer code number matches a military employer. This test must be performed for UCX claims to ensure that base period wages are from military employment. |
|
 | |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | The base-period EMPLOYER NAMEs represent UCX employers. |
| Function : | This rule validates that there was a base period UCX employer by checking the employer name. |
|
 | |
| 4. Document : | CLAIM CONTROLS |
| Rule : | The FD code is not U. |
| Function : | This rule validates that the State's program type code does not indicate a UI claim. |
|
 | |
| 5. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | None of the base-period EMP NOs are within the range for UI. |
| Function : | This rule validates that the employer code numbers do not contain any UI employer account numbers. |
|
 | |
| 6. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | None of the base-period EMPLOYER NAMEs represent UI employers. |
| Function : | This rule validates that there is no regular UI employer listed under the base period employer names. |

7. Document : CLAIM CONTROLS

Rule : The FD code is not F.

Function : This rule validates that the State's program type code does not include a UCFE claim.

8. Document : WAGE TRANSCRIPT AND DETERMINATION

Rule : None of the base-period EMP NOs are within the range for UCFE

Function : This rule validates that the employer code numbers do not contain any UCFE employer account numbers.

9. Document : WAGE TRANSCRIPT AND DETERMINATION

Rule : None of the base-period EMPLOYER NAMEs represent UCFE employers.

Function : This rule validates that there is no UCFE employer listed under the base period employer names.

Comments:

**Definitional
Issues:**

Definitions: Unemployment Compensation for Ex-Servicemembers (UCX): A Federal program that provides benefits to individuals based on Federal military service.

Includes claims based wholly on Federal military service (UCX only).

Excludes claims funded partially from State trust funds and/or Federal civilian service. (ETA 401, p. V-1-9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, 9, 12, 13, and 14

- | | |
|----------------------|---|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FD code is UF, UX, or UFX. |
| Function : | This rule validates that the State's program type code indicates a joint UI/UCFE, UI/UCX, or UI/UCFE/UCX claim (if joint claim codes are used) or a UI claim (if the State does not assign joint claim codes) or, if the State maintains multiple codes, that both a UI and UCFE code are present or a UI and UCX code or a UI, UCFE, and UCX code are present. |
| 2. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO is within the range for UI. |
| Function : | This rule validates that at least one base period employer code number is within the range for UI. |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents a UI employer. |
| Function : | This rule validates that there was a regular UI employer during the base period by checking the employer name. |
| 4. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO is within the range for UCFE or UCX. |
| Function : | This rule validates that at least one base period employer code number is within the range for UCFE or UCX. |
| 5. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents a UCFE or UCX employer. |
| Function : | This rule validates that there was a UCFE employer or a UCX employer during the base period by checking the employer name. |

Comments:**Definitional
Issues:****Definitions:**

Joint Claims: Claims involving a combination of State unemployment trust funds and Federal program funds or a combination of Federal program funds.

Includes claims with State UI in combination with UCFE and/or UCX employment and wages (UI/UCFE/UCX, UI/UCFE, or UI/UCX) and UCFE claims in combination with UCX employment and wages (UCFE/UCX).

Excludes claims that do not include a combination of State UI and UCFE and/or UCX employment and wages or a combination of UCFE and UCX employment and wages. (ETA 401, p. V-1-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 2, 3, 4, 5, 8, 9, 12, 13, and 14

1. Document :

Rule : This step is not applicable to Florida.

Function : This rule validates that the payment was made under the self-employment program by checking an indicator.

Comments:**Definitional
Issues:**

Definitions: Self-Employment Assistance Program: Count claimants who have been accepted into a self-employment program as defined under P.L. 103-182, North American Free Trade Agreement Implementation Act. Claimant activity will be counted as part of the regular program. Counts of those individuals entering the Self-Employment Assistance Program, the number of weeks compensated while in that program, and the benefits paid for those weeks will also be shown separately. (ETA 401, p. I-2-6)

Step 05 Intrastate or Interstate Claim

- A. Intrastate**
- B. Interstate Received as Liable State**
- C. Interstate Taken as Agent State**
- D. Interstate Filed from Agent State**
- E. Intrastate CWC**
- F. Interstate CWC**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the claim is intrastate by checking an indicator.

2. Document : CLAIM CONTROLS

Rule : The LO number is not 3565.

Function : This rule validates that the claim is intrastate based on the local office number.

Comments:**Definitional
Issues:**

Definitions: Intrastate: A claim filed in the same State in which the individual's wage credits were earned or assigned.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the claim is an interstate claim received as the liable State by checking an indicator.

2. Document : CLAIM CONTROLS

Rule : The LO number is 3565.

Function : This rule validates that the claim is an interstate claim received as the liable State by checking the local office number.

Comments:

**Definitional
Issues:**

Definitions: Interstate Received as Liable State: A claim filed in one (agent) State that is based on a monetary entitlement to benefits in another (liable or paying) State.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the claim is for an interstate claim taken as the agent State by checking an indicator.

2. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the claim or week claimed is for an interstate claim taken as the agent State by checking a second indicator.

Comments:

**Definitional
Issues:**

Definitions: Interstate Taken as Agent State: Initial claims which represent initial interstate claims including new, additional, and reopened claims taken by the State agency acting as the agent State. (ETA 401, p. I-2-7)

Step 05 Intrastate or Interstate Claim D. Interstate Filed from Agent State

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

1. Document :

Rule :

Function : This rule validates that the claim is for an interstate claim filed from the agent State by checking an indicator.

2. Document :

Rule :

Function : This rule validates that the claim or week claimed is for an interstate claim filed from the agent State by checking a second indicator.

Comments:

Definitional Issues:

Definitions: Interstate Filed from Agent State: Initial claims which represent initial interstate claims including new, additional, and reopened claims filed from the State agency acting as the agent State. (ETA 401, p. I-2-7).

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

- | | |
|----------------------|--|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FD code is C. |
| Function : | This rule validates that the claim is an intrastate CWC claim by checking an indicator. |
|
 | |
| 2. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents another SESA. |
| Function : | This rule validates that the claim is an intrastate CWC claim by ensuring that another SESA name is listed as a base period employer. |
|
 | |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents a validation State employer, a Federal or military employer, or a second other SESA. |
| Function : | This rule validates that the claim is an intrastate CWC claim by ensuring that a validation State employer name or a second other State is listed as a base period employer. |
|
 | |
| 4. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO identifies another SESA. |
| Function : | This rule validates that the claim is an intrastate CWC claim by checking that the code for another SESA is present in base period employer account numbers. |
|
 | |
| 5. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO identifies a validation State employer, a Federal or military employer, or a second other SESA. |
| Function : | This rule validates that the claim is an intrastate CWC claim by checking the base period account numbers for wages from the validation State or a second other SESA. |
|
 | |
| 6. Document : | CLAIM CONTROLS |
| Rule : | The LO number is not 3565. |
| Function : | This rule validates that the claim is an intrastate CWC claim by checking the local office number or other indicator. |

Comments:**Definitional
Issues:****Definitions:**

Intrastate Combined-Wage Claim: A claim filed where the filing State and the paying State are the same. However, weeks compensated and the related benefits paid are not reportable until the benefits paid for such weeks are based on a monetary determination that includes employment and wages from two or more states. (ETA 401, p. IV-1-5)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 1, 3, 4, 5, 8, and 9

- | | |
|----------------------|---|
| 1. Document : | CLAIM CONTROLS |
| Rule : | The FD code is C. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking an indicator. |
|
 | |
| 2. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents another SESA. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking base period employer names for wages from another State. |
|
 | |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMPLOYER NAME represents a validation State employer. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking base period employer names for wages from the validation State. |
|
 | |
| 4. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO identifies another SESA. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking base period employer account numbers for wages from another State. |
|
 | |
| 5. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | At least one base-period EMP NO identifies a validation State employer. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking base period employer account numbers for wages from the validation State. |
|
 | |
| 6. Document : | CLAIM CONTROLS |
| Rule : | The LO number is 3565. |
| Function : | This rule validates that the claim is an interstate CWC claim by checking the local office number. |

Comments:**Definitional
Issues:****Definitions:**

Interstate Combined-Wage Claim: A claim filed where the filing State and the paying State are not the same. However, weeks compensated and the related benefits paid are not reportable until the benefits paid for such weeks are based on a monetary determination that includes employment and wages from two or more States. (ETA 401, p. IV-1-5)

Step 06 Claim Status

- A. Monetary Determination Within Quarter**
- B. No Monetary Determination**
- C. Sufficient Wages to Qualify for Benefits**
- D. Insufficient Wages to Qualify for Benefits**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

1. Document : CLAIM CONTROLS

Rule : The DET date (?) falls within the quarter being validated.

Function : This rule validates that the first monetary determination for the new claim was issued during the quarter being validated.

Comments:

**Definitional
Issues:**

Definitions: Monetary Determinations: Determinations made on whether a claimant who has filed a new initial claim has sufficient base-period wages and/or employment to establish a benefit year under the State unemployment compensation program. (ETA 401, p. I-5-5)

Activities To Be Reported: The claimant's status, that is, whether or not the claimant was monetarily eligible and what level of benefits the claimant was eligible for, should be reported as the most recent information available at the time the federal report is run. For example, a claimant may have a monetary determination at the beginning of the quarter which found him/her ineligible. One or more monetary redeterminations may be accomplished after that time which ultimately changes the status to eligible. When the State computer program is run to determine the status of individuals who had an original monetary determination accomplished during the report quarter, the most recent status on record will be the one reported. However, once the status of a monetary determination has been reported, subsequent changes due to further redeterminations on the same new initial claim will not be reported on any ETA 218. (ETA 401, p. I-5-4)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 2 and 3

1. Document : CLAIM CONTROLS

Rule : There is no DET date (?), or the date does not fall within the quarter being validated.

Function : This rule validates that there was no monetary determination sent for a claim filed in the validation quarter at the time the 218 report was generated in the month following the validation quarter by ensuring that the date field for monetary determination is blank.

Comments:

**Definitional
Issues:**

Definitions: No Monetary Within Quarter: The claimant did not receive an original monetary determination in the quarter being validated.

Monetary Determinations: Determinations made on whether a claimant who has filed a new initial claim has sufficient base-period wages and/or employment to establish a benefit year under the State unemployment compensation program. (ETA 401, p. I-5-5)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

- | | |
|---|---|
| 1. Document : | FOR NEW UI CLAIMS:
DATED STOPS AND FLAGS
CLAIM CONTROLS |
| Rule : | There is an INELIGIBLE indicator, and there is no amount in the WBA field. |
| Function : | This rule uses the State code to validate that based on the most recent monetary determination at the time the 218 report was generated (in the month following the end of the quarter being validated) that the claim had sufficient wage credits to qualify for benefits. |
| NEW BENEFIT YEAR ESTABLISHED: | |
| 2. Document : | CLAIM CONTROLS |
| Rule : | There is a BYB date. |
| Function : | This rule validates that a new benefit year was established for the new claim with a sufficient monetary determination by checking the BYB date. |
| NO NEW BENEFIT YEAR ESTABLISHED: | |
| 3. Document : | CLAIM CONTROLS |
| Rule : | There is no BYB date. |
| Function : | This rule validates that based on the most recent monetary determination at the time the 218 report was generated (in the month following the end of the quarter being validated) that a new benefit year was not established for the new claim with a sufficient monetary determination. |
| FOR NEW CWC CLAIMS: | |
| 4. Document : | CLAIM CONTROLS
WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | The DET date (?) when wages were added from another State falls within the quarter being validated. |
| Function : | This rule validates that wages were combined during the quarter by checking the date of the first monetary determination which used wages from two States. |

Comments:**Definitional
Issues:****Definitions:**

Activities To Be Reported: The claimant's status, that is, whether or not the claimant was monetarily eligible and what level of benefits the claimant was eligible for, should be reported as the most recent information available at the time the report is run. For example, a claimant may have a monetary determination at the beginning of the quarter which found him/her ineligible. One or more monetary redeterminations may be accomplished after that time which ultimately changes the status to eligible. When the State computer program is run to determine the status of individuals who had an original monetary determination accomplished during the report quarter, the most recent status on record will be the one reported. However, once the status of a monetary determination has been reported, subsequent changes due to further redeterminations on the same new initial claim will not be reported on any ETA 218. (ETA 401, p. I-5-4)

Determinations with Sufficient Wage Credits: Monetary determinations accomplished during the quarter for which, when the report is run, sufficient base-period wage credits (and employment) were located to make the claimant eligible regardless of all other eligibility requirements. (ETA 401, pp. I-5-6, 7)

Includes all monetary determinations for which qualifying wage credits and/or employment were found even though the claimant may be disqualified due to other circumstances such as cancellation of wages.

Excludes monetary determinations for which either no wage credits could be located or insufficient wage credits and/or employment were available to satisfy the eligibility requirements of the State law.

Total Claimants Establishing Benefit Years: The number of claimants for whom it has been determined that benefit years were established. (ETA 401, pp. I-5-6, 7)

Persons who established benefit years with a monetary determination based on employment and wages from more than one State.

New Combined Wage Benefit Year Established: A request for transfer of wages which resulted in a monetary determination based on employment and wages from more than one State. (SEP, p. IV-1-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

- | | |
|----------------------|--|
| | FOR NEW UI CLAIMS: |
| 1. Document : | DATED STOPS AND FLAGS
CLAIM CONTROLS |
| Rule : | There is no INELIGIBLE indicator, and there is an amount in the WBA field. |
| Function : | This rule uses the State code to validate that for the quarter in which the 218 report was generated (in the month following the end of the quarter being validated) the claim had insufficient wage credits to qualify for benefits (the claimant was monetarily ineligible). |
| | FOR NEW CWC CLAIMS: |
| 2. Document : | CLAIM CONTROLS |
| Rule : | The FD code is C. |
| Function : | This rule validates that the claim is not a combined wage claim by checking an indicator. |
| 3. Document : | WAGE TRANSCRIPT AND DETERMINATION |
| Rule : | No base-period EMP NOs or EMPLOYER NAMEs represent another SESA. |
| Function : | This rule validates that the claim is not a combined wage claim by checking that wages from another SESA are not included in the base-period wages. |

Comments:**Definitional
Issues:****Definitions:**

Monetary Determinations: Determinations made on whether a claimant who has filed a new initial claim has sufficient base-period wages and/or employment to establish a benefit year under the State unemployment compensation program. (ETA 401, p. I-5-5)

Determinations with Insufficient Wage Credits: Monetary determinations accomplished during the quarter for which, when the report is run, either no wage credits could be located or insufficient wage credits (or employment) were available to satisfy the eligibility requirements of the State law. Excludes determinations where insufficiency is due to credits having been canceled as the result of disqualification. (ETA 401, p. I-5-6)

Includes monetary determinations for which either no base-period wage credits could be located or insufficient wage credits and/or employment were available to satisfy the eligibility requirements of the State law.

Excludes monetary determinations for which insufficiency is due to credits having been canceled as the result of a disqualification.

Request to Combine Wages Which Does Not Result in a New CWC Benefit Year: An initial request for transfer of wages which did not result in wages being combined from two or more States. (SEP, p. IV-1-6)

Step 07 Maximum Weekly Benefit

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

- | | |
|----------------------|---|
| | FOR MAXIMUM WBA: |
| 1. Document : | CLAIM CONTROLS |
| Rule : | The WBA is \$275.00. |
| Function : | This rule validates that based on the most recent monetary determination at the time the 218 report was generated (in the month following the end of the quarter being validated) that the WBA for the new claim is currently the maximum for the State (excluding dependent allowances). |
| | FOR LESS THAN MAXIMUM WBA: |
| 2. Document : | CLAIM CONTROLS |
| Rule : | The WBA is less than \$275.00 |
| Function : | This rule validates that based on the most recent monetary determination at the time the 218 report was generated (in the month following the end of the quarter being validated) that the WBA for the new claim is less than the maximum for the State (excluding dependent allowances). |

Step 07 Maximum Weekly Benefit

Comments: States must update the amount as necessary to reflect changes in state legislation.

**Definitional
Issues:**

Definitions: Claimants Establishing Benefit Years Entitled to Maximum Weekly Benefit Amount: Claimants whose regular weekly benefit amount (WBA) for a period of total unemployment is the maximum provided under the State law. This should be reported on the basis of the regular WBA rather than the actual amount of a particular weekly payment since, in some cases, the regular WBA may be reduced because of part-total or partial unemployment.

In States which pay increased benefits because of dependents, this item should be reported on the basis of the augmented amount. For States which pay benefits according to a schedule of WBAs based on wages earned, and which supplement these with dependents' allowances, the number of such claimants entitled to the maximum augmented WBA will be identical to the number entitled to the maximum basic WBA. For States which pay benefits according to a schedule of WBAs based on the number and type of dependents, as well as on the amount of wages earned (e.g., Ohio), the number of such claimants will be the sum of those entitled to the maximum in each class, as determined by the number and type of dependents. (ETA 401, p. I-5-7)

Reporting Maximum WBA and Maximum Duration: When the State law is changed during the reported period with respect to the maximum weekly benefit amounts or duration, the data reported shall represent the total at the maximum under the old law and under the new law. Also, if the law provides for more than one maximum, each applicable to a specified set of circumstances under which the claimant files, the data reported shall represent the total of individuals at all designated maximums. For example, the maximum in a State may vary according to the number and type of claimant's dependents, the claimant's previous history of employment and receipt of benefits, the industry in which the claimant earned his wage credits, and the type of claim (i.e., interstate or intrastate). (ETA 401, pp. I-5-4, 5)

Step 08 Potential Weeks of Duration

A. Potential Weeks of Duration

B. Maximum Potential Weeks of Duration

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

1. Document : CLAIM CONTROLS

Rule : The AC divided by the WBA rounded to the next highest whole number matches the number of potential weeks of duration on the worksheet.

Function : This rule validates the number of weeks of potential duration by dividing the MBA on the monetary determination used for the ETA 218 by the WBA.

Comments:

**Definitional
Issues:**

Definitions: Potential Duration for Determinations Establishing Benefit Years: The number of full weeks of benefits for which a claimant is determined to be eligible within a benefit year. Potential duration should be based solely on monetary determinations without adjustment for periods of disqualification or wage credits canceled for specific disqualifying acts such as voluntary quitting, misconduct, etc.

Weeks of potential duration should be computed by dividing the total amount payable, from State trust funds during the benefit year, by the regular WBA for total unemployment. States in which the law provides that the WBA shall change during the benefit year should use the weekly benefit amount shown on the original determination to compute the potential duration.

States which provide for the payment of increased benefits because of dependents should use (in computing potential duration) figures which include benefits payable as a result of dependents. (ETA 401, p. I-5-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 3

FOR MAXIMUM POTENTIAL WEEKS OF DURATION:

1. Document : CLAIM CONTROLS

Rule : The AC divided by the WBA is equal to 26.

Function : This rule validates that the duration of the benefit year is the maximum for the State. The MBA divided by the WBA on the most recent monetary determination at the time the ETA 218 report was run equals the State's maximum number of weeks.

FOR LESS THAN MAXIMUM POTENTIAL WEEKS OF DURATION:

2. Document : CLAIM CONTROLS

Rule : The AC divided by the WBA is less than 26.

Function : This rule validates that the duration of the benefit year is less than the maximum for the State. The MBA divided by the WBA on the most recent monetary determination at the time the ETA 218 report was run is less than the State's maximum number of weeks.

Comments:

**Definitional
Issues:**

Definitions: Claimants Establishing Benefit Years Entitled to Maximum Weekly Benefit Amount and Maximum Duration: In a State which pays increased benefits because of dependents, a claimant should be considered as entitled to maximum duration if he is eligible for the maximum number of weeks of benefits available to him on the basis of the number and type of his dependents. (ETA 401, p. I-5-7)

Reporting Maximum WBA and Maximum Duration: When the State law is changed during the reported period with respect to the maximum weekly benefit amounts or duration, the data reported shall represent the total at the maximum under the old law and under the new law. Also, if the law provides for more than one maximum, each applicable to a specified set of circumstances under which the claimant files, the data reported shall represent the total of individuals at all designated maximums. For example, the maximum in a State may vary according to the number and type of claimant's dependents, the claimant's previous history of employment and receipt of benefits, the industry in which the claimant earned his wage credits, and the type of claim (i.e., interstate or intrastate). (ETA 401, pp. I-5-4, 5)

Step 09 Actual Weeks of Duration

A. Actual Weeks of Duration

B. Maximum Actual Weeks

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 2

1. Document : CLAIM CONTROLS

Rule : The final AC divided by the final WBA rounded to the next highest whole number matches the actual weeks of duration as reported on the worksheet.

Function : This rule validates the actual weeks of duration of benefits for claimants who have received final payments by using a formula (final MBA without adjustments, eg., reduced because wages cancelled, divided by final WBA).

2. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates the actual weeks of duration for claimants who have received final payments by using an indicator or field which indicates number of weeks paid.

Comments:

**Definitional
Issues:**

Definitions: Actual Duration for Claimants Who Received Final Payments: Derived by dividing the total amount of benefits received from State trust funds by the WBA for total unemployment. If the WBA for total unemployment is changed during the benefit year, the amount of the last payment made at the full benefit rate should be used rather than the amount shown on the original determination.

States which provide for the payment of increased benefits because of dependents should use (in computing actual duration) the figures which include benefits paid as the result of dependents.

The last payment to a claimant whose benefits are reduced through disqualifications but who draws all of the reduced benefits to which he is entitled during the benefit year should be included as a final payment. No claimant should be considered as receiving a final payment if, because of the ending of his benefit year, he is prohibited from drawing the full amount of benefits to which he is eligible on the basis of his monetary determination. (ETA 401, pp. I-5-8, 9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 2

1. Document : CLAIM CONTROLS

Rule : The final AC divided by the final WBA is equal to 26.

Function : This rule validates that the actual weeks of duration equal the State's maximum weeks of duration by using a formula (final MBA divided by final WBA equals State's maximum).

2. Document : CLAIM CONTROLS

Rule : The final AC divided by the final WBA is less than 26.

Function : This rule validates that the actual weeks of duration are less than the State's maximum weeks of duration by using a formula (final MBA divided by final WBA is less than State's maximum).

Comments:**Definitional
Issues:****Definitions:**

Reporting Maximum WBA and Maximum Duration: When the State law is changed during the reported period with respect to the maximum weekly benefit amounts or duration, the data reported shall represent the total at the maximum under the old law and under the new law. Also, if the law provides for more than one maximum, each applicable to a specified set of circumstances under which the claimant files, the data reported shall represent the total of individuals at all designated maximums. For example, the maximum in a State may vary according to the number and type of claimant's dependents, the claimant's previous history of employment and receipt of benefits, the industry in which the claimant earned his wage credits, and the type of claim (i.e., interstate or intrastate). (ETA 401, pp. I-5-4, 5)

Actual Duration for Claimants Who Received Final Payments: Derived by dividing the total amount of benefits received from State trust funds by the WBA for total unemployment. If the WBA for total unemployment is changed during the benefit year, the amount of the last payment made at the full benefit rate should be used rather than the amount shown on the original determination.

States which provide for the payment of increased benefits because of dependents should use (in computing actual duration) the figures which include benefits paid as the result of dependents.

The last payment to a claimant whose benefits are reduced through disqualifications but who draws all of the reduced benefits to which he is entitled during the benefit year should be included as a final payment. No claimant should be considered as receiving a final payment if, because of the ending of his benefit year, he is prohibited from drawing the full amount of benefits to which he is eligible on the basis of his monetary determination. (ETA 401, pp. I-5-8, 9)

Step 10 Types of Compensation

- A. First Payment**
- B. Continued (Weeks) Payment**
- C. Final Payment**
- D. Partial/Part-Total Payment**
- E. Total Payment**
- F. Adjusted Payments**
- G. Prior Weeks Compensated**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that there is a first payment indicator for the payment being validated.

2. Document : BENEFIT HISTORY

Rule : The UT code for the selected WEEK is not W.

Function : This rule validates that the week paid is the first compensable week by ensuring that it was not a waiting week.

3. Document : BENEFIT HISTORY
CLAIM CONTROLS

Rule : The selected WEEK date is for the first claimed week in the benefit year after the waiting week during which there were not excessive earnings (the DEDUCT amount is less than or equal to the WBA plus \$41.00, and the DEDUCT code is not ?).

Function : This rule validates that the week paid is the first claimed week in the benefit year after the waiting period--if applicable--where the claimant did not have excessive earnings.

FOR CWC FIRST PAYMENTS:

4. Document : BENEFIT HISTORY

Rule : The selected pay DATE is the first payment date after the monetary determination date that combined wages from two States.

Function : This rule validates that the payment was the first payment issued to the claimant after wages were combined.

Comments:**Definitional
Issues:****Definitions:**

First Payment: The first benefit payment for the earliest compensable week in the benefit year.

Includes total, partial and part-total payments, full or partial offsets to satisfy an outstanding overpayment, a Child Support Intercept order or a Food Stamp overissuance, waiting weeks waived by the Governor under a State law and compensated because of a legally recognized disaster, and payments resulting from the reversal of a single- or multiclaimant adjudication by a lower or higher authority appeal decision or by a court decision.

If two or more weeks of benefits are paid at the same time by separate checks or by one check, the earliest week ending date in the benefit year is the first payment.

Excludes waiting weeks that are compensated retroactively under State law after payment of benefits for a number of qualifying weeks paid.

Examples of situations under which first payments are included or excluded for reporting purposes include:

1. Claimant is disqualified from receiving a UI check for his/her first compensable week in the benefit year due to excessive earnings. Claimant has no earnings the second week and is paid for that week. The payment for the second week is a first payment because the first week is not considered inasmuch as he/she is not considered unemployed during that week. Thus, the second week in the series becomes the first compensable week.
2. Payments for a series of weeks "pended" are authorized and paid on the same date as a result of a nonmonetary determination reversal. No weeks were paid before the pended weeks were paid. First payment is for the earliest compensable week in the benefit year.
3. Claimant receives a check for a week of unemployment after filing an additional claim. No previous weeks were claimed. Thus, the payment for the first compensable week of the additional claim is considered to be the first payment.
4. First compensable weeks paid to totally or partially offset an overpayment or an intercept requirement are considered to be first payments.
5. Claimant is disqualified for the first compensable week due to a nonmonetary issue. Upon appeal, the determination is reversed. However, the payment for that week was not made until after the second week was paid. Thus, the payment for the first week (the appealed week) should be reported as the first payment because it is for the first (earliest) compensable week in the benefit year.
6. A series of weeks pending is paid on the same date as a result of a reversal of a nonmonetary

determination. Prior to payment of these weeks, the claimant requalified, filed an additional claim, and was paid. The first payment is reported for the first compensable week in the benefit year. All other weeks paid, including those based on the additional claim, should be reported as continued weeks compensated on the ETA 9051 report.

Examples for excluding first payments:

1. Claimant is disqualified for the first compensable week due to a nonmonetary issue, does not appeal the determination, claims the second week, and is paid for that week. The second week paid is not considered to be the first payment because it does not represent the first (earliest) compensable week in the benefit year (the second week should be reported as a continued week compensated on the ETA 9051 report). Thus, there will never be a first payment reported for this claimant.
2. Claimant is compensated retroactively for a waiting week, under State law, after being paid benefits for nine consecutive weeks. In this situation, the retroactive payment for the waiting weeks is not considered to be the first payment. The week immediately following the waiting week is the first (earliest) compensable week. Thus, the retroactive payment for the waiting week should be reported as a continued week compensated on the ETA 9051 report. (ETA 401, pp. V-1-6, 7, 8)

Week Ending Date of the Week Paid for CWC First Payment: The first benefit payment for the earliest compensable week in the benefit year.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that there is a continued payment indicator for the payment being validated.

2. Document : BENEFIT HISTORY

Rule : The selected WEEK date is not for the first potentially compensable week (the earliest week after the waiting period--if applicable--which does not have excessive earnings).

Function : This rule validates that the week paid is not the first potentially compensable week.

FOR CWC CONTINUED PAYMENTS:

3. Document : BENEFIT HISTORY

Rule : The selected pay DATE is not the earliest pay date after the monetary determination date that combined wages from two States.

Function : This rule validates that the payment was not the first payment issued to the claimant after wages were combined.

Comments:

**Definitional
Issues:**

Definitions: Continued Weeks Compensated: Payments for weeks of unemployment subsequent to the payment for the first compensable week in a benefit year.

Includes total, partial and part-total payments, full or partial offsets to satisfy an outstanding overpayment, a Child Support Intercept order or a Food Stamp overissuance, and payments resulting from the reversal of a single- or multiclaimant adjudication by a lower or higher authority appeal decision or by a court decision, and retroactive payment for a compensable waiting period. (ETA 401, pp. V-2-5, 6)

Excludes all adjustment payments for a previously paid week.

CWC Continued Payments: Payments made under the Combined Wage Claim Program which were not for the first compensable week in the benefit year.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 2 and 4

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the benefits in the claim were exhausted to determine if a final payment was made by checking an indicator.

2. Document : CLAIM CONTROLS

Rule : The BAL is \$.00.

Function : This rule validates that the benefits in the claim were exhausted by checking the remaining balance of benefits to determine if a final payment was made. If a balance remains but is unavailable to the claimant because of disqualifications, the balance is considered zero.

3. Document : BENEFIT HISTORY

Rule : The most recent pay DATE falls within the reporting period being validated.

Function : This rule validates that the date of the final payment on the claim falls within the time period being validated.

Comments:

**Definitional
Issues:**

Definitions: Final Payment: The last regular benefit a claimant receives in a benefit year because the claimant has no further entitlement to payment, i.e., has exhausted entitlement by drawing the full amount of benefits from State trust funds or UCFE or UCX program funds. The last payment to a claimant whose regular program benefits are reduced through disqualifications, but who draws all the reduced benefits during the benefit year, should be considered a final payment. No claimant should be considered to have received a final payment if, because of the ending of his/her benefit year, he/she cannot draw the full amount of State UI, UCFE, or UCX benefit for which he/she may be potentially eligible. (ETA 401, pp. I-5-5)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document : BENEFIT HISTORY

Rule : There is a DEDUCT amount from the selected payment, and the DEDUCT code is ??

Function : This rule validates that the payment was for a week of partial unemployment by checking an indicator.

2. Document : BENEFIT HISTORY

Rule : The DEDUCT amount for the selected payment is greater than \$41.00, and the DEDUCT code is ??

Function : This rule validates that the earnings reported by the claimant for the week exceeded the State limit for reducing benefits.

3. Document : BENEFIT HISTORY
CLAIM CONTROLS

Rule : The COMP AMT for the selected WEEK claimed is less than the WBA.

Function : This rule validates that benefits were reduced for the selected payment by comparing the check amount to the WBA.

Comments:

**Definitional
Issues:**

Definitions: Partial/Part-Total Payments: Payments that are reduced from the claimant's weekly benefit amount as a result of wages, commissions, bonuses, tips or gratuities, back-pay awards, odd jobs, or self-employment income. (ETA 401, p. V-1-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the payment made represents a week of total unemployment not reduced due to earnings by checking an indicator.

2. Document : BENEFIT HISTORY

Rule : The DEDUCT amount for the selected payment is less than or equal to \$41.00, and the DEDUCT code is not ??

Function : This rule validates that the payment made represents a week of total unemployment not reduced due to earnings by ensuring that earnings did not exceed the state limit.

3. Document : BENEFIT HISTORY
CLAIM CONTROLS

Rule : The COMP AMT for the selected WEEK claimed is equal to the WBA, or the difference represents other deductible income or an overpayment offset (the DEDUCT code is O or ?).

Function : This rule validates that the payment made represents a week of total unemployment not reduced due to earnings by ensuring that benefits were not reduced or that, if benefits were reduced, that other deductible income, or a partial overpayment offset was present.

Comments:

**Definitional
Issues:**

Definitions: Total Payments: Payments for weeks of total unemployment in which the claimant received a full weekly benefit check that is not reduced as a result of wages, commissions, bonuses, tips or gratuities, back-pay awards, odd jobs, or self-employment income. (ETA 401, p. V-1-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

FOR SUPPLEMENTAL PAYMENTS:

1. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the payment made was an adjustment to a previously paid week by checking an indicator.

2. Document : BENEFIT HISTORY

Rule : The WEEK date for the selected payment matches the WEEK date for an earlier payment.

Function : This rule validates that the payment made was an adjustment to a previously paid week by ensuring that the payment was for a week which was already paid.

FOR PARTIAL OFFSETS:

3. Document : ??

Rule : The is a partial offset amount shown for the selected week.

Function : For States that carry a separate record for amounts compensated for partial offsets (where the benefit amount associated with the payment does not include the amount applied as an overpayment offset) this rule validates that the offset payment was a partial offset by checking an indicator.

Comments:

Definitional Issues:

Definitions: Supplemental Payment: An adjustment payment issued to correct a previous underpayment.

Partial Overpayment Offsets: If the benefits amount paid, separated by a partial overpayment offset, is stored as a separate transaction record in the State's benefits system or statistical files, these records must be treated as adjusted payments. They are identical to supplemental payments in that they represent amounts compensated only.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document : BENEFIT HISTORY

Rule : The selected pay DATE is prior to the quarter.

Function : This rule validates that the payment made was for a week compensated prior to the validated quarter (the quarter in which wages were combined).

2. Document : CLAIM CONTROLS
WAGE TRANSCRIPT AND DETERMINATION

Rule : The DET date (?) when wages were added from another SESA is during the quarter being validated.

Function : This rule validates the wages were combined during the quarter being validated by checking the date of the first monetary determination which used wages from two different States.

Comments:

**Definitional
Issues:**

Definitions: Prior Weeks Compensated: The count for prior weeks compensated is the total of all weeks paid in quarters prior to the reporting quarter and not previously reported on this report, i.e., weeks paid in prior quarters prior to the combined wage monetary determination. This count is to be reported in the quarter during which a combined wage monetary determination is issued. (ETA 401, p. IV-1-7)

Step 11 Weeks Claimed

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 1

1. Document : BENEFIT HISTORY

Rule : The ?? date falls within the reporting period being validated.

Function : This rule validates that the date the week was claimed falls within the reporting period being validated.

2. Document : DATED STOPS AND FLAGS

Rule : The claims status was eligible (document: DATED STOPS AND FLAGS; rule: There is not an INELIGIBLE indicator) and benefits were not exhausted (see Step 10C),

or

The week was claimed within the allowable appeal after the issuance of an ineligible monetary determination (document: DATED STOPS AND FLAGS; rule: There is an INELIGIBLE indicator),

or

The claimant filed an appeal of an ineligible monetary determination (See Step 32) and the appeal was pending at the time that the week was claimed.

Function : This rule validates that the week claimed was valid by checking a) the claimant was monetarily eligible for benefits when the week was claimed and had not exhausted their benefits, b) there was no final determination on the claimant's monetary eligibility because the appeal period for an ineligible monetary determination had not expired, or c) an appeal of an ineligible monetary determination had not been decided.

3. Document : BENEFIT HISTORY

Rule : The DEDUCT amount is not greater than the WBA plus \$41.00, and the DEDUCT code is not ??

Function : This rule validates that there were not excessive earnings during the selected week claimed.

Step 11 Weeks Claimed

Comments:

**Definitional
Issues:**

Definitions:

Weeks Claimed: Weeks covered by intrastate continued claims and interstate continued claims for which waiting period credit or payment of compensation is requested. A week for which excessive earnings are reported does not constitute a claim for a week of unemployment. However, when other deductible income exceeds the weekly benefit amount, it will be considered a week claimed. (ETA 401, p. I-2-6).

Step 12 Amount Compensated

- A. UI Amount Compensated**
- B. UCFE Amount Compensated**
- C. UCX Amount Compensated**
- D. CWC Amount Compensated**
- E. Self- Employment Amount Compensated**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

- | | |
|----------------------|--|
| 1. Document : | BENEFIT HISTORY
CLAIMANT'S EMPLOYERS' CHARGES |
| Rule : | The COMP AMT for the selected WEEK claimed multiplied by the total UN PERCENT (charge percent) for those employers who are UI employers (the EMP # is within the range for UI) is equal to the UI payment amount on the worksheet. |
| Function : | This rule validates that the UI payment amount on the worksheet matches the amount compensated for regular UI (including offset and partial offsets) on the system. |

Comments:**Definitional
Issues:****Definitions:**

Amount Compensated: The total amount of benefits paid from State Unemployment Funds and benefit amount adjustments paid for weeks reported during the reporting period.

1. The total amount paid for the month, for each week of total, part-total, or partial unemployment compensation.
2. The total amount paid for each week of total, part-total, or partial-week unemployment compensation that is reduced or increased for, respectively, an overpayment or underpayment made in one or more previous weeks.
3. The total amount paid for interstate payments issued by the liable State.

Includes: For the second definition, the amount paid regardless of whether the adjustment payment is made to a currently payable week or is paid by a separate check.

All Weeks Compensated: The number of State UI weeks compensated either wholly from State trust funds or partially from State trust funds and partially from Federal funds, i.e., joint claims or sharable regular. Include:

1. Each week compensated for total, part-total, or partial unemployment compensation.
2. Each week of total, part-total, or partial week compensated being reduced or increased for an overpayment or underpayment in one or more previous weeks. Do not include the count of weeks involved in the overpayment or underpayment adjustment or if such payment is made separately. However, the amount paid for such weeks should be included whether the adjusted payment was made to a currently payable week or paid by a separate check.
3. Each week compensated at a reduced amount due to income other than wages, as provided by State law. Count weeks of total offset.
4. Interstate payments issued by the liable State.

Exclude weeks to replace lost, stolen, damaged, or returned checks. (ETA 401, pp. I-2-9, 10)

Amount Compensated: The amount of State trust funds and Federal funds (e.g., sharable regular) represented by the weeks compensated. Exclude amounts paid from UCFE and UCX programs. Include any adjustment payments issued to correct previous underpayments or overpayments. Exclude amounts reissued to replace lost, stolen, damaged, or returned checks. (ETA 401, pp. I-3-10, 11, 12)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :	BENEFIT HISTORY CLAIMANT'S EMPLOYERS' CHARGES
Rule :	The COMP AMT for the selected WEEK claimed multiplied by the total UN PERCENT (charge percent) for those employers who are UCFE employers (the EMP # is within the range for UCFE) is equal to the UCFE payment amount on the worksheet.
Function :	This rule validates that the UCFE payment amount on the worksheet matches the amount compensated for UCFE on the system.
Comments:	
Definitional Issues:	
Definitions:	<p>Amount Compensated: The total amount of benefits paid from Federal funds and benefit amount adjustments paid for weeks reported during the reporting period.</p> <ol style="list-style-type: none">1. The total amount paid for the month, for each week of total, part-total, or partial unemployment compensation.2. The total amount paid for each week of total, part-total, or partial-week unemployment compensation that is reduced or increased for, respectively, an overpayment or underpayment made in one or more previous weeks.3. The total amount paid for interstate payments issued by the liable State. <p>Includes: For the second definition, the amount paid regardless of whether the adjustment payment is made to a currently payable week or is paid by a separate check.</p> <p>Weeks Compensated, UCFE- No UI: Weeks compensated wholly from the UCFE program or UCFE/UCX funds, and wholly or as a result of Federal civilian service in conjunction with Federal military service. Does not include weeks compensated partially from State trust funds and partially from UCFE or UCX program funds (joint claims). Excludes weeks and amounts reissued to replace lost, stolen, damaged, or returned checks. (ETA 401, pp. I-2-11, 12)</p>

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :	BENEFIT HISTORY CLAIMANT'S EMPLOYERS' CHARGES
Rule :	The COMP AMT for the selected WEEK claimed multiplied by the total UN PERCENT (charge percent) for those employers who are UCX employers (the EMP # is within the range for UCX) is equal to the UCX payment amount on the worksheet.
Function :	This rule validates that the UCX payment amount on the worksheet matches the amount compensated for UCX on the system.
Comments:	
Definitional Issues:	
Definitions:	<p>Amount Compensated: The total amount of benefits paid from military funds and benefit amount adjustments paid for weeks reported during the reporting period.</p> <ol style="list-style-type: none">1. The total amount paid for the month, for each week of total, part-total, or partial unemployment compensation.2. The total amount paid for interstate payments issued by the liable State. <p>Weeks Compensated, UCX Only: The weeks compensated wholly from UCX program funds and solely as the result of military service. Excludes weeks compensated partially from State trust funds and partially from UCX program funds. (ETA 401, p. I-2-12)</p>

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document : BENEFIT HISTORY

Rule : The COMP AMT for the selected WEEK claimed is equal to the CWC payment amount on the worksheet.

Function : This rule validates that the CWC payment amount on the worksheet matches the amount compensated for CWC on the system.

Comments:

**Definitional
Issues:**

Definitions:

Prior Benefits Paid: The amount of prior benefits paid is the total of all benefits paid to all combined wage claimants in quarters prior to reporting quarter which related to the weeks compensated. (ETA 401, pp. IV-1-7, 8)

Weeks Compensated: The count for weeks compensated is the total of all weeks paid to all combined wage claimants in the quarter to which the report relates, including weeks paid during the quarter prior to the combined wage monetary determination. However, weeks previously reported on this report for which adjustment payments are being issued are not to be again reported. (ETA 401, p. IV-1-4)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :

Rule : This step is not applicable to Florida

Function : This rule validates that the self-employment payment amount on the worksheet matches the amount compensated for self-employment on the system.

Comments:

**Definitional
Issues:**

Definitions: Amounts Compensated Under the Self-Employment Assistance Program: Count claimants who have been accepted into a self-employment program as defined under P.L. 103-182, North American Free Trade Agreement Implementation Act. Claimant activity will be counted as part of the regular program. Counts of those individuals entering the Self-Employment Assistance Program, the number of weeks compensated while in that program, and the benefits paid for those weeks will also be shown separately. (ETA 401, pp. I-2-6, 12)

This amount represents the total dollars paid for all weeks compensated under the SEA program.

Step 13 Week Ending Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :	BENEFIT HISTORY
Rule :	The selected WEEK date matches the week-ending date on the worksheet and is a Saturday if proscribed by law.
Function :	This rule validates that the week-ending date of the week paid on the worksheet matches the supporting documentation and is a Saturday (if all benefit weeks in the State end on a Saturday).
Comments:	
Definitional Issues:	
Definitions:	Week Ending Date of the Week Paid: The Saturday date of the week compensated.

Step 14 Payment Mail or Deposit Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document : BENEFIT HISTORY

Rule : The pay DATE of the selected payment matches the payment mail date on the worksheet and falls within the month being validated.

Function : This rule validates that the date the payment was mailed matches the date on the worksheet and that the payment was mailed during the month that is being validated.

Comments:

**Definitional
Issues:**

Definitions: Date of Payment: The date on which the check is paid in person, mailed, electronically transmitted to the claimant's bank account, or an offset or intercept is applied on the claim. The mail date is the date the SESA actually mails the first payment to the claimant. SESAs determine the mail date and provide DOL with its procedure(s) to derive it in the Comments section. (ETA 401, pp. IV-1-5, V-1-8)

Step 15 Payments Time Lapse

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 4

1. Document :	Worksheet only
Rule :	The time lapse is the same as the pay date minus the Saturday date of the certification week.
Function :	This rule validates that the time lapse as reported by the system is accurately calculated by subtracting the number of days from the payment mail date to the Saturday of the compensated week.
Comments:	
Definitional Issues:	
Definitions:	<p>First Payment Time Lapse: A measurement of the number of days from the week ending date of the first compensable week in the benefit year to the date the payment is made in person, mailed, or offset or intercept is applied on the claim. (ETA 401, p. V-1-8)</p> <p>CWC First Payment Time Lapse: A measurement of the number of days from the week ending date of the first compensable week in the benefit year to the date of the first payment using wages combined from two or more States. (ETA 401, p. IV-1-8)</p> <p>Continued Weeks Compensated Time Lapse: The number of days from the end of the continued week to the date the payment is made in person, mailed, or offset or intercept is applied on a claim.</p> <p>When multiple weeks are paid at the same time, the earliest week is reported as the first payment. (ETA 401, p. V-3-6)</p> <p>Determining Time Lapse: Computed by subtracting the date on which the first compensable week ended from the date the payment is mailed, e.g., if the first compensable week ended on July 5 and the date the payment was mailed was July 19, the time lapse is 19 minus 5, or 14 days, and the payment should be counted in the interval "8-14;" if the compensable week ended on July 5 and the date the payment was mailed was August 20, the time lapse is 31 minus 5 plus 20, or 46 days, and the payment should be counted in the interval "43-49." (ETA 401, p. IV-1-8)</p>

Step 16 Nonmonetary Determination/Redetermination

- A. Nonmonetary Determination**
- B. Nonmonetary Redetermination**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. **Document :**

Rule :

Function :

BENEFIT HISTORY

There is a NON-MON DET indicator in the UT field.

This rule validates that the transaction was a nonmonetary determination by checking an indicator.

Step 16 Nonmonetary Determination/Redetermination

A. Nonmonetary Determination

Comments:

Definitional Issues:

Definitions:

Nonmonetary Determinations: A decision made by the initial authority based on facts related to an "issue" detected which had the potential to affect the claimant's past, present, or future benefit rights; and for which a determination of eligibility was made.

Includes:

1. Determinations made because of misrepresentation, fraud, and/or overpayments, reportable on form ETA 227, Overpayment Detection/Recovery Activities, except those identified through the crossmatch program.
2. A claimant's separation for a reason "other than lack of work" (such as "laid off, too slow, or failed to perform") that results in a nonmonetary determination.
3. If controversy exists as to whether the claimant satisfies the conditions of an indefinite disqualification (i.e., until re-employed for a specific period or has earned a specific sum of money) that results in a nonmonetary determination.
4. Investigation of a claimant's explanation for late reporting that results in a nonmonetary determination.

Excludes:

1. Determinations made solely for deciding whether charges should be made to an employer's experience-rating account.
2. Routine exploration of fact or questioning claimants associated with the claimstaking process except under circumstances of controversy. Examples of routine questioning or decisions not giving rise to a nonmonetary count are:
 - a. Claimant's acceptance of the claimstakers conclusion that the week's earnings require a reduction in the benefit amount for that week.
 - b. Claimant's acceptance of benefits for only a portion of a week claimed, when the State law provides for reduced benefits in cases where the claimant was ill or otherwise unavailable for work during part of the week.
 - c. A determination on whether or not a stated period of time elapsed since a disqualifying act, satisfying the disqualification. This is part of the function of taking claims.
 - d. A decision on whether or not the claimant meets the minimum wage and employment requalifying requirement to establish a benefit year. This is part of the monetary determination

Step 16 Nonmonetary Determination/Redetermination

A. Nonmonetary Determination

and under no circumstances is it reported as a nonmonetary determination.

e. Determinations on the existence of and/or number of dependents. These are part of the monetary determination and no separate count should be taken as either a nonmonetary or monetary determination.

f. A decision on whether the claimant meets State requirements for establishing a subsequent benefit year (e.g., 30 days of bona fide work since exhausting a benefit series). This is part of the monetary determination function. (ETA 401, pp. I-4-3, 4, 5)

Past, Present, or Future Benefit Rights: The following are examples explaining the requirement that the issue affect present, past, or future benefit rights.

1. In response to a charge statement, an employer protests that the claimant recently refused a job. A determination is made on the issue of refusal of suitable work. This meets the criterion of involving past, present or future benefits if the maximum period of disqualification which could be imposed has not elapsed and/or the claimant has not exhausted benefit rights.

2. The claimant states the reason for separation is "layoff" and the employer does not furnish any contradictory information on the separation notice. As a result, the claimant receives benefits for four weeks before ceasing to file. The employer protests the charge notice for the four weeks of benefits, stating that the claimant quit. The State agency determines that the claimant, in fact, voluntarily quit his/her job without good cause and is disqualified until reemployed for at least four weeks. This determination meets the requirement of involving past, present or future benefit rights whether or not the claimant was filing at the time.

(ETA 401, pp. I-4-5, 6)

Step 16 Nonmonetary Determination/Redetermination

B. Nonmonetary Redetermination

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

- | | |
|-------------------------------------|--|
| 1. Document : | BENEFIT HISTORY |
| Rule : | There is a NON-MON RE-DET indicator in the UT field. |
| Function : | This rule validates that the transaction was a redetermination by checking an indicator. |
| 2. Document : | |
| REDETERMINATION FOLDER/CASE HISTORY | |
| Rule : | Review of the folder shows that the redetermination meets the Federal definition. |
| Function : | This rule validates that the redetermination meets the Federal definition. |

Step 16 Nonmonetary Determination/Redetermination

B. Nonmonetary Redetermination

Comments:

Definitional Issues:

Definitions:

Nonmonetary Redeterminations: A decision made under statute, regulation, or well defined policy specifically requiring the reopening of a nonmonetary determination prior to the administrative appeal stage, and which affirms, reverses, or modifies a determination.

Nonmonetary Redeterminations are made under the following conditions:

1. The need for reconsideration arises as the result of a protest by an interested party, or from the agency's own initiative based upon new or additional information.
2. All pertinent evidence and records are actually re-examined.
3. A written redetermination notice is issued to the claimant and any other interested party, and is recorded.

A redetermination will always relate to the benefit period covered by the prior determination. (Facts concerning a different period, or involving a change in circumstances, may raise new issues calling for a new nonmonetary determination.)

Redeterminations do not include decisions which are changed due to periodic supervisory reviews in which errors may be corrected. Also, if the claimant objects to a nonmonetary determination, listening to a repeated earlier statement and explaining the decision does not constitute a redetermination. A redetermination can only be made as a result of either the receipt of new or additional information or a protest by the employer or claimant and must always result in a reconsideration of the original decision. (ETA 401, pp. I-4-12, 13)

Step 17 Type of Determination

A. Single Claimant

B. Multiclaimageant

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is not 03.

Function : This rule validates that the nonmonetary determination was a single claimant case by checking an indicator.

2. Document :

Rule : Florida does not maintain this indicator.

Function : This rule validates that the nonmonetary determination was a single claimant case by checking a second indicator.

Comments:

**Definitional
Issues:**

Definitions: Single-Claimant Nonmonetary Determination: A nonmonetary determination based upon facts which relate to an individual situation and issued to a single claimant. If two or more issues were raised and determined, based on the same set of facts, report each determination as a separate single-claimant nonmonetary determination. Also, if a single claimant files a claim which may affect multiple workers who have not yet filed claims (a test case), report such determination as a single-claimant determination.

Example: A vacation pay issue involves 200 workers. Only one claim was filed. A nonmonetary determination allowed the claim and the remaining 199 workers filed claims. Since only one claim was filed, apparently to determine if vacation pay was disallowed, and the remaining workers were not claimants at the time, report one single-claimant nonmonetary determination. (ETA 401, p. I-4-13)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 03.

Function : This rule validates that the nonmonetary determination was a multiclaimant by checking an indicator or the number of claimants.

Comments:

**Definitional
Issues:**

Definitions: Multi-Claimant Nonmonetary Determination: A nonmonetary determination based upon a set of facts which apply to groups of similarly situated individuals and which may result in the issuance of one or more notices, depending upon the number of individual claimants involved in the facts.

Example: In a labor dispute involving 500 persons, three claims were filed representing three different shifts of workers. Nonmonetary determinations were made disqualifying all three claims. One multiclaimant determination should be reported for each nonmonetary determination since identical notices were issued to, or applied to, two or more claimants in a labor dispute. (ETA 401, pp. I-4-13, 14)

Step 18 Determination Issues

- A. Voluntary Quit**
- B. Misconduct**
- C. Other Separation Issues**
- D. Able and Available To Work**
- E. Deductible Income**
- F. Suitable Work Refusal**
- G. Reporting Requirements**
- H. Profiling**
- I. Other Nonseparation Issues**
- J. Labor Dispute**
- K. Other Multiclaimage Issues**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 08.

Function : This rule validates that the issue was voluntary quit or voluntary leaving by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Voluntary Leaving Work: Leaving work without good cause is reason for disqualification. There are two broad provisions for leaving work with good cause. In some States, good cause for leaving must be connected to the work. In other States, good cause for leaving may be either personal or work connected.

For reporting purposes, include under this category voluntary leaving issues involving marital, paternal, filial, or other domestic or personal circumstances, and attendance at school or training. (ETA 401, p. I-4-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 01.

Function : This rule validates that the issue was misconduct by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Discharge for Misconduct: Misconduct may be defined as a willful or controllable breach of a claimant's duties, responsibilities, or behavior that the employer has a right to expect. It is a deliberate or substantially negligent act or an omission which adversely affects the employer's legitimate business interests. Simple negligence with no harmful intent, inefficiency, unsatisfactory conduct beyond the claimant's control, or good faith errors of judgement or discretion are not misconduct.

For reporting purposes, include under this category issues involving a discharge for "gross" or "aggravated" misconduct, as defined under some State laws. (ETA 401, p. I-4-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	
Rule :	This step is not applicable to Florida.
Function :	This rule validates that the issue was another type of separation issue by checking an indicator.
Comments:	
Definitional Issues:	
Definitions:	Other Single Claimant Separation Issues: Nonmonetary separation issues other than voluntary quits and discharges for misconduct.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 05.

Function : This rule validates that the issue was able and available to work by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions:

Not Able - Not Available - Not Actively Seeking: Being able to work means that an individual has the physical and mental capacity to perform work. Being available for work means that an individual has potential for employment and is ready (e.g., has child care, necessary licenses, etc.) and willing to accept employment. Each worker falls somewhere between available, that is, willing and able to perform any job, at any time, under any conditions and being unavailable, that is, being unwilling, not ready, or unable to accept or perform any job, under any conditions.

Availability is lessened by circumstances that decrease an individual's chance of becoming employed, and is increased by circumstances that enhance chances for becoming employed. Ineligibility occurs when there are undue problems, unreasonable or unrealistic restrictions regarding wages, hour of work or travel that are a barrier to accepting work or there is a lack of significant interest in employment.

Numerous States have specific provisions in their laws that require a search for work, while others require a search for work as part of the availability consideration. Actively seeking work includes contacting potential employers and generally attempting to find work in ways that the reasonably prudent person attempts to secure work.

For reporting purposes, include under this category able-available- actively seeking work issues involving marital, parental, filial or personal obligations and attendance at school or training. Only one nonmonetary count may be taken for a given week for not able, not available, and not actively seeking work issue. (ETA 401, pp. I-4-6, 7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	BENEFIT HISTORY
Rule :	The two-digit NON-MON issue code (following a one digit number and a dash) is 04.
Function :	This rule validates that the issue was disqualifying or deductible income by checking an indicator.
Comments:	
Definitional Issues:	
Definitions:	Disqualifying or Deductible Income: This category includes decisions relating to the effect upon benefit entitlement of payments such as worker's compensation, OASI benefits, unemployment benefits under another State or Federal law, dismissal payments or wages in lieu of notice, vacation or holiday pay, and payments made under an employer's pension plan. This issue is reportable in column 13 "Disqualifying or Deductible Income" if properly documented. (ETA 401, p. I-4-7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 02.

Function : This rule validates that the issue was refusal of suitable work by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Suitable Work Refusals: A claimant's refusal of suitable work or of an offer of referral to a job without good cause is reason for disqualification. Two major questions must be considered. Is there good cause for refusal and is offered work suitable? It must be established that a bona fide job offer or an offer of referral to a job existed.

Suitability of the particular job is determined by comparing the offered job to both the claimant's past and present experience and qualifications and to the local labor market. The claimant's personal circumstances are considered in determining whether good cause exists. (ETA 401, pp. I-4-7, 8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 06.

Function : This rule validates that the issue was reporting requirements by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Reporting Requirements: This issue relates to late filing of continued claims and failure to report as required to provide claims information, including call-ins.

Example: A claimant, classified occupationally as a mechanic, reports for the second successive week at 4:00 p.m. instead of the scheduled hour of 11:00 a.m. because of a car breakdown. Referral is made to an adjudicator. After questioning the claimant in detail, the adjudicator documents the facts and properly records a determination allowing the claim. This is a nonmonetary determination if State law provides for a possible loss of benefits for failing to report as required which also applies to lateness. Mere referral from the counter to a claims adjudicator should not be regarded as the criteria for a reportable nonmonetary determination. (ETA 401, I-4-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The two-digit NON-MON issue code (following a one digit number and a dash) is 19.

Function : This rule validates that the issue was refusal of profiling referrals by checking an indicator.

Comments:

**Definitional
Issues:**

Definitions: Refusal of Profiling Referral to Services: Section 4 of the Emergency Unemployment Compensation Amendments of 1993 established a program to profile UI claimants as to their likelihood of exhausting benefits and to refer to reemployment services those most likely to exhaust benefits. Refusal to accept referral to services without good cause is grounds for denial of benefits. Determinations made because of a claimant's refusal to be referred to services and any resulting denials will be reported in column 16 of the report. Failure to report to referred training, without evidence of refusal, should be counted in "Reporting Requirements", not in "Refusal of Profiling Referral to Services". (ETA 401, pp. I-4-8, 9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	BENEFIT HISTORY
Rule :	The two-digit NON-MON issue code (following a one digit number and a dash) is 07, 09, 10, or 15 (?)
Function :	This rule validates that the issue was another type of nonseparation issue by checking an indicator.

Comments:**Definitional
Issues:****Definitions:**

Other Single Claimant Nonseparation Issues: Other nonseparation issues for reporting single claimant nonmonetary determinations relating to aliens, professional athletes, school employees, unemployment status, seasonality, removal of all or part of a disqualification, and all other BPC-related nonmonetary determinations.

The following types of determinations should be reported as Other Nonseparation Issues:

Alien Legal Status: Section 3304(a)(14) of the FUTA provides that compensation shall not be payable on the basis of services performed by an alien unless the alien was in one of three eligibility categories at the time such services were performed. The categories include aliens who were lawfully admitted for permanent residence at the time the services were performed, lawfully present for purposes of performing the services, or permanently residing in the U.S. under color of law at the time the services were performed.

An alien must also be "able and available" for work while claiming benefits. This means the claimant must have current work authorization during the claim series. This is a separate issue from legal status during the base period and should be reported in column 12.

Determinations concerning alien legal status will result in a nonmonetary determination which may affect the claimant's monetary determination. Report any monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other, of the ETA 207, Nonmonetary Determinations Activities Report. (ETA 401, p. I-4-9)

Professional Athlete Claimant: Section 3304(a)(13), FUTA, requires that compensation shall not be payable to any individual on the basis of services, substantially all of which consist of participating in sports or athletic events (or training or preparing to participate), for any week between two successive sport seasons, if the individual performed services in the first season and there is reasonable assurance that the individual will perform services in the second season. The term "athlete" may include, at State option, ancillary personnel involved with the team or event such as managers, coaches, and trainers employed by professional teams, and referees and umpires employed by professional leagues or associations. This section of Federal law requires the State to determine whether substantially all the athlete's base period services were from participating in sporting events and whether the athlete is "between seasons". (ETA 401, p. I-4-9)

Educational Employee Claimant "Between" and "Within" Terms: Section 3304(a)(6)(A), FUTA, requires that a State law provide that benefits be payable based on services performed for State and local government entities and certain nonprofit organizations in the same amount, on the same terms, and subject to the same conditions as benefits payable on the basis of other covered service. The only permitted exceptions to the "equal treatment" requirement are

specified in clauses (i) through (v) of the same paragraph. These exceptions are referred to as the "between" and "within" terms denial provisions.

These exceptions provide that employees of educational institutions, educational service agencies, and certain other entities are ineligible for benefits based on such services between academic years or terms and during vacation periods and holiday recesses within terms if they have a "reasonable assurance" of performing in the same or similar capacity in the following year, term, or remainder of the term. This section of Federal law requires a State to apply these denial provisions also to employees of State and local governments and nonprofit organizations if they provide service to or on behalf of an educational institution.

In applying this section of Federal law, a State agency must first issue a monetary determination containing all the claimant's covered services during the base period. A nonmonetary determination must then be made as to whether the "between" and "within" terms educational denial provisions apply, and if so, the agency must also issue a monetary redetermination excluding such nonallowable services and in addition to a nonmonetary determination informing the claimant that these provisions of Federal law apply.

Determinations whether the "between" and "within" terms educational denial provisions apply will result in a nonmonetary determination which may affect the claimant's monetary determination. Report any monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other. (ETA 401, p. I-4-10)

Miscellaneous: Miscellaneous circumstances (unemployment status, seasonality and removal of all or part of a disqualification) are issues when controversy arises on facts or application of the law. In the absence of controversy, these situations are generally clerical functions such as reducing that particular week's benefit amount, noting earnings used to lift a disqualification, or changes in circumstances that might remove or satisfy a previous denial. (See (3) below.) In most cases, the claimant agrees to the action, controversy does not exist, the situation does not constitute an issue and therefore, is not a reportable nonmonetary determination.

If, however, after a discussion of potentially disqualifying circumstance, benefits are denied through a written determination then the resulting determination should be counted as a nonmonetary determination for the following issues:

1. Unemployment Status. A nonmonetary determination may be counted when there is a question on whether for a particular week: a) the claimant's activities or status constitutes "service" or "employment," or b) the claimant earns "wages" or receives "remuneration," resulting in ineligibility as "not unemployed," or only partially unemployed. Note, however, that decisions concerning the effect of payments such as worker's compensation; OASI benefits, unemployment benefits under another State or Federal law; dismissal payments or wages in lieu of notice; vacation or holiday pay, and payments made under an employer's pension plan come under the category of disqualifying or deductible income. See Section E.3.d.

Example: Based on the employer's statement of earnings, a claimant is awarded only partial

benefits for a specified week. The claimant objects to the reduction in benefits on the grounds that the employer's statement is incorrect. Because of controversy over the accuracy of the employer's statement, the State issues a nonmonetary determination on whether to accept the employer's or claimant's statement then that determination is reportable (provided the other nonmonetary requirements in this section are met).

2. Seasonality. A nonmonetary determination may be counted when there is a question on whether special statutory provisions under which seasonal workers may be denied benefits should apply.

3. Removal of All or Part of a Disqualification. A nonmonetary determination may be counted when there is a question on whether specific requalifying requirements are met, e.g., until employed for a specified period of time or until specified amounts are earned.

Example: The claimant is required to earn \$500, to lift a disqualification, but presents evidence of earning \$450. The claimant contends there were more earnings but has no evidence. Controversy exists; further inquiry with the employer may be necessary. After resolving the issue and making the determination, the determination should be reported.

Nonmonetary determinations made under these circumstances are reported in column 17, "Other." (ETA 401, p. I-4-11)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	BENEFIT HISTORY
Rule :	The two-digit NON-MON issue code (following a one digit number and a dash) is 03.
Function :	This rule validates that the nonmonetary determination was a multiclaimant labor dispute by checking an indicator.
Comments:	
Definitional Issues:	
Definitions:	Multiclaimant Labor Dispute: A nonseparation issue pertaining to unemployment of more than one claimant as a result of controversy about terms or conditions of employment.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	
Rule :	This step is not applicable to Florida.
Function :	This rule validates that the nonmonetary determination was another type of multicla imant issue (other than labor dispute) by checking an indicator.
Comments:	
Definitional Issues:	
Definitions:	Other Multicla imant Issues: Multicla imant determination where the issue is not a labor dispute.

Step 19 First Week Affected By A Determination

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	DATE STOPS AND FLAGS
Rule :	The CLAIMANT DISQUALIFIED date (?) set to the following Saturday (if it is not already a Saturday) matches the week-ending date of the first week affected on the worksheet.
Function :	<p>This rule validates that the week-ending date on the worksheet matches the Saturday of the first week affected on the display.</p> <p>The quality review will validate the actual date.</p>
Comments:	
Definitional Issues:	
Definitions:	First Week Affected: The first week in a claim series to which a notice of nonmonetary determination applies. For purposes of calculating time lapse, the starting parameter of the measurement is the week ending date of such affected week. (ETA 401, p. V-4-6)

Step 20 Issue Detection Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The ?? date matches the issue detection date on the worksheet.

Function : This rule validates that the issue detection date on the worksheet matches the date on the nonmonetary determination display.

2. Document : BENEFIT HISTORY
CLAIM CONTROLS

Rule : If there is no ?? date on the benefit history screen, the FILED date on the claim controls screen matches the detection date on the worksheet.

Function : This rule validates that if the primary detection date in the system is blank or not applicable to the issue being validated, the secondary detection date field (such as the date that the claim was filed) matches the issue detection date on the worksheet.

Step 20 Issue Detection Date

Comments:

Definitional Issues:

Definitions:

Issue Detection Date: The earliest date that the agency, including organizational units such as BAM and BPC, is in possession of information indicating the existence of a nonmonetary issue. (ETA 401, p. V-3-5)

Detection Date for New, Additional, or Reopen Claims:

1. For States with policies that permit making determinations before a week is claimed, the date the new, additional or reopen claim(s) is filed is the issue detection date.
2. For States with policies that require a week to be claimed before a determination is made, the issue detection date is the date the claimant files for a week of benefits. If an issue is detected at the filing of a new claim and it is unresolved because no week is claimed, and an additional or reopen claim is later filed, then the issue detection date for the original unresolved issue is the date the claimant files for a week on the additional or reopened claim, i.e., the date the agency receives the weekly claim certification.

In either case described above, if the adjudicator established that no issue exists because the information simply is in error, there is no reportable determination. (ETA 401, p. V-3-6)

Detection Date for Continued Weeks Claimed: Examples of issue detection date:

1. Continued claims filed by mail are optically scanned or processed by a voice response unit (VRU). A claimant reports that he/she was not able and available for work during the week for which he/she is claiming benefits. The optical scanner or voice response unit flags the claim with an issue. An adjudicator confirms the issue. If the certification is scanned or processed by the VRU during normal business hours, the date the continued week claim is flagged is the issue detection date. If the certification is scanned or processed by the VRU after normal business hours, the next business day is the issue detection date. If the adjudicator establishes that no issue exists because the claimant simply made an error when answering the weekly certification questions, there is no reportable determination.
2. Same situation as in example 1 except that the claimant answers all weekly certification questions in a manner that does not raise an issue. However, the claimant adds information that is read by the agency's optical scanner or recognized by the VRU as an exception to normal processing. The claim is flagged and referred to an adjudicator. The adjudicator confirms the issue and the week(s) to which it applies. If the certification is scanned or processed by the VRU during normal business hours, the date the continued claim is flagged is the issue detection date. If the certification is scanned or processed by the VRU after normal business hours, the next business day is the issue detection date. If the adjudicator establishes that no issue exists because the claimant simply made an error when answering the weekly certification questions, there is no reportable determination.

Step 20 Issue Detection Date

3. The claimant is in a continuous weekly/biweekly filing status and the agency receives information by letter or telephone call (other than VRU). The date the agency received the information is the issue detection date. The agency is encouraged to keep a record of the date and time of call and include such information in the adjudication file for quality and data validation purposes.
4. The claimant is in a continuous weekly/biweekly filing status and an issue is raised in person by the claimant or another party. The date the issue is raised in person is the issue detection date.
5. Any unit of the agency (i.e., BPC, BAM, Appeals) discovers an issue during the course of its work and refers the issue to the adjudication unit or to some other unit for action. The issue detection date is the date any unit discovered the issue and not the date another unit within the agency receives the referred issue. (ETA 401, pp. V-3, 5-7)

Step 21 Notice Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The selected NON-MON DET or NON-MON RE-DET date (in the WEEK field) matches the notice date on the worksheet and falls within the month being validated.

Function : This rule validates that the notice mail date matches the notice date on the worksheet and is during the month being validated.

If the State allows informal determinations and the notice date field is blank, then the determination date on the screen must match the notice date on the worksheet.

The quality review will validate the actual notice mailed date.

Comments:

**Definitional
Issues:**

Definitions: Date of Determination: The date the determination notice is mailed or, if not notice is required, the date payment is authorized, waiting week credit is given, or an offset is applied. (ETA 401, V-3-7)

Step 22 Nonmonetary Determination Time Lapse

- A. Detection Date to Notice Date**
- B. First Week Affected to Detection Date**

Step 22 Nonmonetary Determination Time Lapse

A. Detection Date to Notice Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	Worksheet only
Rule :	The number of days between the notice date and the detection date on the worksheet matches the time lapse on the worksheet.
Function :	This rule validates that the time lapse between the detection date and the notice mail date has been calculated accurately.
Comments:	
Definitional Issues:	
Definitions:	Nonmonetary Determination Time Lapse: The number of days from the date an issue is first detected on a claim to the date on the determination. (ETA 401, p. V-3-5)

Step 22 Nonmonetary Determination B. First Week Affected to Detection Time Lapse Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document :	Worksheet only
Rule :	The number of days between the first week affected and the detection date on the worksheet matches the time lapse on the worksheet.
Function :	This rule validates that the time lapse between the week-ending date of the first week affected and the detection date has been calculated accurately.
Comments:	
Definitional Issues:	
Definitions:	Nonmonetary Determination Time Lapse: The number of days from the date an issue is first detected on a claim to the date on the determination. (ETA 401, p. V-4-5)

Step 23 Outcome of Determination

A. Determination to Allow

B. Determination or Redetermination to Deny

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : FOR DETERMINATIONS:

The first digit (before the dash and the two-digit issue code) is 1.

FOR REDETERMINATIONS:

If the original determination was to allow (the first digit before the dash and the two-digit issue code is 1), then the redetermination was to allow (the first digit before the dash and the two-digit issue code is 1). If the original determination was to deny (the first digit before the dash and the two-digit issue code is 2), then the redetermination is to deny (the first digit before the dash and the two-digit issue code is 2) or to allow (the first digit before the dash and the two-digit issue code is 1).

Function : This rule validates that the determination was to allow benefits or that in the case of redeterminations, the original determination was affirmed or was reversed from deny to allow.

Comments:**Definitional
Issues:****Definitions:**

Determination to Allow: The outcome of the nonmonetary determination was to allow benefits.

For Redeterminations: Because the definition of a redetermination denial is limited to situations where the redetermination reversed a previous determination to allow benefits, and because the validation process separates redeterminations into two groups, allow and deny, there are three types of redeterminations to allow benefits for validation purposes:

1. the redetermination affirms a determination to allow benefits;
2. the redetermination reverses a determination to deny benefits; and
3. the original determination was to deny benefits and the redetermination affirmed the denial.

The count of denials imposed in redeterminations consists only of those imposed for the first time through the redetermination process. Thus, if a redetermination merely upholds a denial initially imposed in a determination, it is not included in the count of denials, but it is included in the total count.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 5

1. Document : BENEFIT HISTORY

Rule : The first digit (before the dash and the two-digit issue code) is 2.

Function : This rule validates that the determination was to deny benefits by checking an indicator.

FOR REDETERMINATIONS:

2. Document : BENEFIT HISTORY

Rule : The original determination had a first digit (before the dash and the two-digit issue code) of 1; for the redetermination, the first digit (before the dash and the two-digit issue code) is 2.

Function : This rule validates that the redetermination outcome was to deny benefits when the original determination was to allow.

Comments:

**Definitional
Issues:**

Definitions: Denial of Benefits: Action imposed by a nonmonetary determination which cancels, reduces, or postpones, a claimant's benefit rights. Under a multiclaimant determination, a denial is counted for each claimant whose claim is canceled, benefits reduced, or payments postponed. Therefore, the number of denials on line 102, columns 4, 5, and 6 can be greater than number of determinations on line 101 for the same columns. (ETA 401, p. I-4-13)

For Redeterminations: The original determination was to allow benefits and the redetermination reversed the determination to deny.

Step 24 Appeal Level

- A. Lower Authority Appeal**
- B. Higher Authority Appeal**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 6, 7, 8, and 10

1. Document :

Rule : This step is not applicable to Florida. There are two separate appeals systems.

Function : This rule validates that the appeal level is lower authority by checking an indicator.

2. Document :

Rule : This step is not applicable to Florida. There are two separate appeals systems.

Function : This rule validates that the appeal was decided by the lower authority by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Lower Authority: The lower of two administrative authorities provided by the State unemployment insurance law to make decisions with respect to appealed determinations. A State agency with only one appeals authority should consider that as a lower appeals authority. (ETA 401, p. I-3-2)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 9 and 11

1. Document :

Rule : This step is not applicable to Florida. There are two separate appeals systems.

Function : This rule validates that the appeal level is higher authority by checking an indicator.

2. Document :

Rule : This step is not applicable to Florida. There are two separate appeals systems.

Function : This rule validates that the appeal was decided by the higher authority by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Higher Authority: The higher of two administrative authorities provided by the State unemployment insurance law to make decisions with respect to appealed decisions of the lower authority. (ETA 401, pp. I-3-3, 4)

Step 25 Type of Appeal

A. Single Claimant

B. Multiclaimageant

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 6, 7, 8, and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : ??

Function : This rule validates that the appeal was single claimant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue affected only one claimant.

Function : This rule validates that the appeal was single claimant by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the appeal was single claimant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue affected only one claimant.

Function : This rule validates that the appeal was single claimant by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Single-Claimant Appeals Case: An appeals case is one which, at the time of reporting, involves only one claimant. A single claimant appeals case should be reported for each claimant involved in an appeal and for whom a separate hearing may be scheduled. A "test" appeal is a single-claimant appeals case although the decision may affect many other claimants. The count of cases and claimants will generally be identical for single claimant cases.

The designation of a case as multi- or single claimant at the time of filing may change at the time of disposition. A case is defined at the time of disposition in terms of the action taken. For example, an appeal filed by an employer against the claims of 50 claimants may be considered one case at the time of filing. Later, the 50 claimants may be split into several groups and a decision made for each group. Accordingly, the single case at filing becomes several cases at disposition. On the other hand, in multiclaimant cases where units within an employing unit are broken out for separate consideration, what was originally classified as two employer appeals (one employer appealing cases involving two units of claimants) may later be reclassified as one case at the time of disposition. A single claimant case at the time of filing may be combined later with other cases and be a multiclaimant case at the time of disposition. (ETA 401, pp. I-3-4, 8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 6, 7, 8, and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : ??

Function : This rule validates that the appeal was multiclaimant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue affected more than one claimant.

Function : This rule validates that the appeal was multiclaimant by examining the case folder.

FOR STATES WHICH MAINTAIN A SINGLE RECORD FOR MULTICLAIMANT APPEALS:

3. Document :

Rule : This rule is not applicable to Florida (?)

Function : This rule validates that the number of claimants was correct by examining the number of claimants field on the appeals record for states who maintain a single record for all claimants.

4. Document :

Rule : This rule is not applicable to Florida (?)

Function : This rule validates that the number of claimants was correct by examining the number of claimants in the appeals case folder.

FOR STATES WHICH MAINTAIN A SEPARATE RECORD FOR EVERY CLAIMANT IN A MULTICLAIMANT APPEAL:

5. Document : ??

Rule : Each record on the validation printout represents a claimant involved in the appeals case being validated by docket number (?)

Function : This rule validates that the number of claimants was correct by examining the number of appeals transactions for each case being validated by docket number. This is applicable for states which maintain a separate record for each claimant.

6. Document :	APPEALS FOLDER/CASE HISTORY
Rule :	The number of transactions listed for the appeals case on the RCV printout by docket number matches the number of claimants involved in the case.
Function :	This rule validates that the number of claimants was correct by examining the number of claimants in the appeals case folder.
	FOR HIGHER APPEALS ONLY
1. Document :	??
Rule :	??
Function :	This rule validates that the appeal was multiclient by checking an indicator.
2. Document :	APPEALS FOLDER/CASE HISTORY
Rule :	Review of the text of the decision indicates that the issue affected more than one claimant.
Function :	This rule validates that the appeal was multiclient by examining the case folder.
	FOR STATES WHICH MAINTAIN A SINGLE RECORD FOR MULTICLAIMANT APPEALS:
3. Document :	
Rule :	This rule is not applicable to Florida (?)
Function :	This rule validates that the number of claimants was correct by examining the number of claimants field on the appeals record for states who maintain a single record for all claimants.
4. Document :	
Rule :	This rule is not applicable to Florida (?)
Function :	This rule validates that the number of claimants was correct by examining the number of claimants in the appeals case folder.
	FOR STATES WHICH MAINTAIN A SEPARATE RECORD FOR EVERY CLAIMANT IN A MULTICLAIMANT APPEAL:
5. Document :	??
Rule :	Each record on the validation printout represents a claimant involved in the appeals case being validated by docket number (?)
Function :	This rule validates that the number of claimants was correct by examining the number of appeals transactions for each case being validated by docket number. This is applicable for states which maintain a separate record for each claimant.

6. Document : APPEALS FOLDER/CASE HISTORY

Rule : The number of transactions listed for the appeals case on the RCV printout by docket number matches the number of claimants involved in the case.

Function : This rule validates that the number of claimants was correct by examining the number of claimants in the appeals case folder.

Comments:

**Definitional
Issues:**

Definitions: Multiclaimgant Appeals Case: A case which, at the time of reporting, involves more than one claimant. A multiclaimgant case should be reported whenever a group hearing is held and the resulting decision is applicable to more than one claimant.

The designation of a case as multi- or single claimant at the time of filing may change at the time of disposition. A case is defined at the time of disposition in terms of the action taken. For example, an appeal filed by an employer against the claims of 50 claimants may be considered one case at the time of filing. Later, the 50 claimants may be split into several groups and a decision made for each group. Accordingly, the single case at filing becomes several cases at disposition. On the other hand, in multiclaimgant cases where units within an employing unit are broken out for separate consideration, what was originally classified as two employer appeals (one employer appealing cases involving two units of claimants) may later be reclassified as one case at the time of disposition. A single claimant case at the time of filing may be combined later with other cases and be a multiclaimgant case at the time of disposition. (ETA 401, p. I-3-5)

Claimants: The number of claimants reported should represent all claimants whose claim determinations or lower authority appeals decisions have been appealed or whose claims are decided by an appeals authority when no previous decision has been made by a lower body. For instance, if an employer files an appeal from an initial determination or a lower authority decision involving the claims of 50 claimants, each of the 50 claimants should be reported. If, as in the case of a labor dispute, only one claimant appeals as a "test" appeal, only one claimant should be reported as a single claimant case. (ETA 401, p. I-3-6)

Step 26 Appellant

- A. Claimant**
- B. Employer**
- C. Other than Claimant or Employer**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Appellant code is C.

Function : This rule validates that the appellant was the claimant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was the claimant.

Function : This rule validates that the appeal was filed by the claimant by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the appellant was the claimant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was the claimant.

Function : This rule validates that the appeal was filed by the claimant by examining the case folder.

Comments:

Definitional
Issues:

Definitions:

The appellant is the claimant.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Appellant code is E.

Function : This rule validates that the appellant was the employer by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was the employer.

Function : This rule validates that the appeal was filed by the employer by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the appellant was the employer by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was the employer.

Function : This rule validates that the appeal was filed by the employer by examining the case folder.

Comments:

Definitional
Issues:

Definitions:

The appellant is the employer.

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Appellant code is O.

Function : This rule validates that the appellant was other than the claimant or employer by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was other than the claimant or the employer.

Function : This rule validates that the appeal was filed by other than the claimant or employer by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the appellant was other than the claimant or employer by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appellant was other than the claimant or the employer.

Function : This rule validates that the appeal was filed by other than the claimant or employer by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: The appellant is other than the claimant or employer (for example, the agency).

Step 27 Outcome of Decision

- A. In Favor of Appellant**
- B. Not in Favor of Appellant**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : If the Appellant code is E, the Outcome code is FE, UC, or MF. If the Appellant code is C, the Outcome code is FC, MU, or UE.

Function : This rule validates that the decision was in favor of the appellant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appeal was decided in favor of the appellant.

Function : This rule validates that the appeal was decided in favor of the appellant by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the decision was in favor of the appellant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the appeal was decided in favor of the appellant.

Function : This rule validates that the appeal was decided in favor of the appellant by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Decisions Made in Favor of the Appellant: Decisions involving multiclaimant cases should be classified as in favor of appellant if the decisions are in favor of one or more of the appellants involved.

For higher authority, decisions which reverse the lower body's decisions or decrease the extent to which the decisions of the lower body were against the interest of the appellants. (ETA 401, p. I-3-9)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : If the Appellant code is E, the Outcome code is FC, MU, or UE. If the Appellant code is C, the Outcome code is FE, UC, or MF.

Function : This rule validates that the decision was not in favor of the appellant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the decision was not in favor of the appellant.

Function : This rule validates that the decision rendered was not in favor of the appellant by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the decision was not in favor of the appellant by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the decision was not in favor of the appellant.

Function : This rule validates that the decision rendered was not in favor of the appellant by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Decision Made Not in Favor of the Appellant: Decisions which affirm the lower body's decisions. Decisions involving multiclaimant cases should be classified as not in favor of appellant if the decisions are not in favor of one or more of the appellants involved.

Step 28 Appeal Decision Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Decision mailed date matches the decision date on the worksheet and falls within the month being validated.

Function : This rule validates that the decision date on the worksheet matches the decision date on the appeals display and is within the month being validated.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : The mailed date on the decision matches the mail date on the worksheet.

Function : This rule validates that the decision date reported on the worksheet matches the date the decision was mailed by examining the case folder.

3. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the decision indicates that the decision date falls within the month being validated.

Function : This rule validates that the decision date is within the month being validated by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the decision date on the worksheet matches the decision date on the appeals display and is within the month being validated.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : The mailed date on the decision matches the mail date on the worksheet.

Function : This rule validates that the decision date reported on the worksheet matches the date the decision was mailed by examining the case folder.

Step 28 Appeal Decision Date

3. Document :	APPEALS FOLDER/CASE HISTORY
Rule :	Review of the decision indicates that the decision date falls within the month being validated.
Function :	This rule validates that the decision date is within the month being validated by examining the case folder.
Comments:	
Definitional Issues:	
Definitions:	Decision Date: The date the decision was mailed to the interested parties concerned. (ETA 401, p. V-5-4)

Step 29 Appeal Time Lapse

A. Appeal Time Lapse

B. Appeal Case Age Calculation

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document :

Worksheet only
- Rule :

The decision date minus the appeal date on the worksheet equals the time lapse reported on the worksheet.
- Function :

This rule validates that the time lapse between the appeal date and the decision date has been calculated accurately.

FOR HIGHER APPEALS ONLY

1. Document :

Worksheet only
- Rule :

The decision date minus the appeal date on the worksheet equals the time lapse reported on the worksheet.
- Function :

This rule validates that the time lapse between the appeal date and the decision date has been calculated accurately.

Comments:**Definitional
Issues:****Definitions:**

Appeal Time Lapse: The number of days from the date the request for hearing is filed to the date on the decision. (ETA 401, p. V-5-3)

Lower Authority Appeals Time Lapse: Includes remanded and reopened cases. If a case is remanded from higher authority appeals for a new hearing and decision by the lower authority, time lapse begins on the date the case is remanded from the higher authority.

Excludes episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances. (ETA 401, p. V-5-3)

Higher Authority Appeals Time Lapse: Includes remanded and reopened cases. If a case is remanded to the lower authority for additional evidence and will be returned to the higher authority for a decision, the higher authority time lapse measurement continues without interruption. If a case is remanded to the lower authority for a new hearing and decision, the higher authority time lapse stops at that point because it is considered a decision.

Excludes episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances. (ETA 401, p. V-5-3)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 10 and 11

FOR LOWER APPEALS ONLY

1. Document :

Worksheet only
- Rule :

The last day of the reporting period minus the filed date on the worksheet matches the number of days the appeal had aged on the worksheet.
- Function :

This rule validates that the age of the case on the worksheet has been correctly calculated by subtracting the filed date from the last day of the reporting period.

FOR HIGHER APPEALS ONLY

1. Document :

Worksheet only
- Rule :

The last day of the reporting period minus the filed date on the worksheet matches the number of days the appeal had aged on the worksheet.
- Function :

This rule validates that the age of the case on the worksheet has been correctly calculated by subtracting the filed date from the last day of the reporting period.

Comments:**Definitional
Issues:****Definitions:**

Case Aging: The number of days from the date an appeal is filed and the end of the month covered by the report. (ETA 401, p. V-6-4)

Appeals Cases, Aging: Includes all appeals filed and not resolved at the end of the month and cases remanded by higher authority for a new hearing and decision.

Excludes episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances. (ETA 401, p. V-6-4)

Lower Authority Appeals Case Aging: Includes all lower authority appeals, including remanded by the higher authority for a hearing and decision and reopened cases, not decided at the end of the month.

Excludes episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances. (ETA 401, p. V-6-3)

Higher Authority Appeals Case Aging: Includes all higher authority appeals, including remanded and reopened cases, not decided at the end of the month. A case that has been remanded to the lower authority for additional evidence and will be returned to the higher authority for a decision is reported in this inventory. A case that has been remanded to the lower authority for a new hearing and decision is not a pending higher authority case and should not be included.

Excludes episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances. (ETA 401, p. V-6-3)

Step 30 Appeal Disposition

A. Disposed of by Decision

B. Not Disposed of

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 8 and 9

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : There is a Decision mailed date.

Function : This rule validates that the case was disposed of by decision by checking an indicator or the decision date.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : There is a signed decision and an explanation for the decision included in either the referee's findings or the findings of the Board of Review.

Function : This rule validates that the appeal met the definition of disposed of by decision by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the case was disposed of by decision by checking an indicator or the decision date.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : There is a signed decision and an explanation for the decision included in either the referee's findings or the findings of the Board of Review.

Function : This rule validates that the appeal met the definition of disposed of by decision by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Disposed of by Decision: An appeals case disposed of by a written ruling that is issued to one or more parties. In a multiclaimant case, only one disposition by decision would be counted regardless of the number of claimants to which it applies.

1. A disposition by decision would occur in the case of an appellant's withdrawal if a hearing officer reviews the case and issues a written ruling to the interested parties allowing the withdrawal.
2. A disposition by decision of an appeals case would occur if the appellant files an appeal after the allowable time period has elapsed, a hearing is scheduled on the issue of timeliness, the case is resolved, and a written ruling is issued to the interested parties. If the issue of timeliness is resolved in favor of the appellant and the merits of the appeals case are resolved on the basis of a single hearing, only one disposition may be counted and reported.
3. A disposition by decision of an appeals case would occur if the appellant fails to appear at the scheduled hearing and a written ruling to dismiss the case is issued to the interested parties.
4. A disposition by decision of an appeals case would occur when a higher authority issues a decision to the interested parties that remands the appeals case to the lower authority for a hearing and decision. The higher authority would count a disposition by decision at the time of the remand decision. The lower authority would count a disposition by decision when the (remanded) appeals case is disposed of by a decision of the lower authority. Likewise, a disposition by decision would occur if the lower authority remands the appeals case to the agency for additional fact finding and a new determination or redetermination. (ETA 401, pp. I-3-5, 6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 10 and 11

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : There is no Decision mailed date.

Function : This rule validates that the appeal is still pending by checking for a decision or disposition indicator or date.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the appeal is still pending by checking for a decision or disposition indicator or date.

Comments:

**Definitional
Issues:**

Definitions: No Disposition: An appeal where no decision has been made and the appeal has not been disposed of other than by decision, i.e., the number of cases pending by the end of the report period.

A disposition does not occur if the higher authority remands the appeals case to the lower authority for the taking of additional evidence which will be transmitted back to the higher authority for its decision. A disposition will only occur when a decision is made. A disposition does not occur if an appeals case is summarily dismissed without an examination of evidence by an appeals authority. (ETA 401, p. I-3-5)

Step 31 Appeal Issues

- A. Voluntary Quit**
- B. Misconduct**
- C. Suitable Work Refusals**
- D. Able and Available To Work**
- E. Other Issues**
- F. Labor Dispute**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 6, 6B, or 18 (?)

Function : This rule validates that the issue was voluntary quit by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was voluntary quit.

Function : This rule validates that the issue was a voluntary quit by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was voluntary quit by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was voluntary quit.

Function : This rule validates that the issue was a voluntary quit by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Voluntary Leaving Work: Leaving work without good cause is reason for disqualification. There are two broad provisions for leaving work with good cause. In some States, good cause for leaving must be connected to the work. In other States, good cause for leaving may be either personal or work connected.

For reporting purposes, include under this category voluntary leaving issues involving marital, paternal, filial, or other domestic or personal circumstances, and attendance at school or training. (ETA 401, p. I-4-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 6A or 17.

Function : This rule validates that the issue was misconduct by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was misconduct.

Function : This rule validates that the issue was misconduct by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was misconduct by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was misconduct.

Function : This rule validates that the issue was misconduct by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Discharge for Misconduct: Misconduct may be defined as a willful or controllable breach of a claimant's duties, responsibilities, or behavior that the employer has a right to expect. It is a deliberate or substantially negligent act or an omission which adversely affects the employer's legitimate business interests. Simple negligence with no harmful intent, inefficiency, unsatisfactory conduct beyond the claimant's control, or good faith errors of judgement or discretion are not misconduct.

For reporting purposes, include under this category issues involving a discharge for "gross" or "aggravated" misconduct, as defined under some State laws. (ETA 401, p. I-4-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 7.

Function : This rule validates that the issue was refusal of suitable work by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was suitable work.

Function : This rule validates that the issue was suitable work by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was refusal of suitable work by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was suitable work.

Function : This rule validates that the issue was suitable work by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Suitable Work Refusals: A claimant's refusal of suitable work or of an offer of referral to a job without good cause is reason for disqualification. Two major questions must be considered. Is there good cause for refusal and is offered work suitable? It must be established that a bona fide job offer or an offer of referral to a job existed.

Suitability of the particular job is determined by comparing the offered job to both the claimant's past and present experience and qualifications and to the local labor market. The claimant's personal circumstances are considered in determining whether good cause exists. (ETA 401, p. I-4-7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 3.

Function : This rule validates that the issue was able and available to work by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was able and available to work.

Function : This rule validates that the issue was able and available to work by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was able and available to work by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was able and available to work.

Function : This rule validates that the issue was able and available to work by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Not Able/Not Available/Not Actively Seeking: Being able to work means that an individual has the physical and mental capacity to perform work. Being available for work means that an individual has potential for employment and is ready (e.g., has child care, necessary licenses, etc.) and willing to accept employment. Each worker falls somewhere between available, that is, willing and able to perform any job, at any time, under any conditions and being unavailable, that is, being unwilling, not ready, or unable to accept or perform any job, under any conditions.

Availability is lessened by circumstances that decrease an individual's chance of becoming employed, and is increased by circumstances that enhance chances for becoming employed. Ineligibility occurs when there are undue problems, unreasonable or unrealistic restrictions regarding wages, hour of work or travel that are a barrier to accepting work or there is a lack of significant interest in employment.

Numerous States have specific provisions in their laws that require a search for work, while others require a search for work as part of the availability consideration. Actively seeking work includes contacting potential employers and generally attempting to find work in ways that the reasonably prudent person attempts to secure work.

For reporting purposes, include under this category able/available/ actively seeking work issues involving marital, parental, filial, or personal obligations and attendance at school or training. Only one appeals count may be taken for a given week for not able, not available, and not actively seeking work issue. (ETA 401, p. 1-4-7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 2a, 4, 4a, 4b, 20, or 21 (?)

Function : This rule validates that the issue was other by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was a nonseparation issue.

Function : This rule validates that the issue was a nonseparation issue by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was other by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was a nonseparation issue.

Function : This rule validates that the issue was a nonseparation issue by examining the case folder.

Comments:**Definitional
Issues:****Definitions:**

Other Single Claimant Nonseparation Issues: Other nonseparation issues for reporting single claimant nonmonetary determinations relating to aliens, professional athletes, school employees, unemployment status, seasonality, removal of all or part of a disqualification, and all other BPC-related nonmonetary determinations.

The following types of determinations should be reported as Other Nonseparation Issues:

Alien Legal Status: Section 3304(a)(14) of the FUTA provides that compensation shall not be payable on the basis of services performed by an alien unless the alien was in one of three eligibility categories at the time such services were performed. The categories include aliens who were lawfully admitted for permanent residence at the time the services were performed, lawfully present for purposes of performing the services, or permanently residing in the U.S. under color of law at the time the services were performed.

An alien must also be "able and available" for work while claiming benefits. This means the claimant must have current work authorization during the claim series. This is a separate issue from legal status during the base period and should be reported in column 12.

Determinations concerning alien legal status will result in a nonmonetary determination which may affect the claimant's monetary determination. Report any monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other. (ETA 401, p. I-4-9)

Professional Athlete Claimant: Section 3304(a)(13), FUTA, requires that compensation shall not be payable to any individual on the basis of services, substantially all of which consist of participating in sports or athletic events (or training or preparing to participate), for any week between two successive sport seasons, if the individual performed services in the first season and there is reasonable assurance that the individual will perform services in the second season. The term "athlete" may include, at State option, ancillary personnel involved with the team or event such as managers, coaches, and trainers employed by professional teams, and referees and umpires employed by professional leagues or associations. This section of Federal law requires the State to determine whether substantially all the athlete's base period services were from participating in sporting events and whether the athlete is "between seasons". (ETA 401, p. I-4-9)

Educational Employee Claimant "Between" and "Within" Terms: Section 3304(a)(6)(A), FUTA, requires that a State law provide that benefits be payable based on services performed for State and local government entities and certain nonprofit organizations in the same amount, on the same terms, and subject to the same conditions as benefits payable on the basis of other covered service. The only permitted exceptions to the "equal treatment" requirement are specified in clauses (i) through (v) of the same paragraph. These exceptions are referred to as

the "between" and "within" terms denial provisions.

These exceptions provide that employees of educational institutions, educational service agencies, and certain other entities are ineligible for benefits based on such services between academic years or terms and during vacation periods and holiday recesses within terms if they have a "reasonable assurance" of performing in the same or similar capacity in the following year, term, or remainder of the term. This section of Federal law requires a State to apply these denial provisions also to employees of State and local governments and nonprofit organizations if they provide service to or on behalf of an educational institution.

In applying this section of Federal law, a State agency must first issue a monetary determination containing all the claimant's covered services during the base period. A nonmonetary determination must then be made as to whether the "between" and "within" terms educational denial provisions apply, and if so, the agency must also issue a monetary redetermination excluding such nonallowable services and in addition to a nonmonetary determination informing the claimant that these provisions of Federal law apply.

Determinations whether the "between" and "within" terms educational denial provisions apply will result in a nonmonetary determination which may affect the claimant's monetary determination. Report any monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other. (ETA 401, p. I-4-10)

Miscellaneous: Miscellaneous circumstances (unemployment status, seasonality and removal of all or part of a disqualification) are issues when controversy arises on facts or application of the law. In the absence of controversy, these situations are generally clerical functions such as reducing that particular week's benefit amount, noting earnings used to lift a disqualification, or changes in circumstances that might remove or satisfy a previous denial. (See 3 below.) In most cases, the claimant agrees to the action, controversy does not exist, the situation does not constitute an issue and therefore, is not a reportable nonmonetary determination.

If, however, after a discussion of potentially disqualifying circumstance, benefits are denied through a written determination then the resulting determination should be counted as a nonmonetary determination for the following issues:

1. Unemployment Status. A nonmonetary determination may be counted when there is a question on whether for a particular week: a) the claimant's activities or status constitutes "service" or "employment," or b) the claimant earns "wages" or receives "remuneration," resulting in ineligibility as "not unemployed," or only partially unemployed. Note, however, that decisions concerning the effect of payments such as worker's compensation; OASI benefits, unemployment benefits under another State or Federal law; dismissal payments or wages in lieu of notice; vacation or holiday pay, and payments made under an employer's pension plan come under the category of disqualifying or deductible income (see Section E.3.d, ETA 401, p. I-4-7).

Example: Based on the employer's statement of earnings, a claimant is awarded only partial benefits for a specified week. The claimant objects to the reduction in benefits on the grounds

that the employer's statement is incorrect. Because of controversy over the accuracy of the employer's statement, the State issues a nonmonetary determination on whether to accept the employer's or claimant's statement then that determination is reportable (provided the other nonmonetary requirements in this section are met).

2. Seasonality. A nonmonetary determination may be counted when there is a question on whether special statutory provisions under which seasonal workers may be denied benefits should apply.

3. Removal of All or Part of a Disqualification. A nonmonetary determination may be counted when there is a question on whether specific requalifying requirements are met, e.g., until employed for a specified period of time or until specified amounts are earned.

Example: The claimant is required to earn \$500, to lift a disqualification, but presents evidence of earning \$450. The claimant contends there were more earnings but has no evidence. Controversy exists; further inquiry with the employer may be necessary. After resolving the issue and making the determination, the determination should be reported.

Nonmonetary determinations made under these circumstances are reported in column 17, "Other." (ETA 401, p. I-4-12)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 8

FOR LOWER APPEALS ONLY

1. Document : LOWER AUTHORITY APPEALS SCREENS

Rule : The Issue code is 10.

Function : This rule validates that the issue was a labor dispute by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was a labor dispute.

Function : This rule validates that the issue was a labor dispute by examining the case folder.

FOR HIGHER APPEALS ONLY

1. Document : ??

Rule : ??

Function : This rule validates that the issue was a labor dispute by checking an indicator.

2. Document : APPEALS FOLDER/CASE HISTORY

Rule : Review of the text of the decision indicates that the issue was a labor dispute.

Function : This rule validates that the issue was a labor dispute by examining the case folder.

Comments:

Definitional
Issues:

Definitions:

Labor Dispute: A nonseparation issue pertaining to unemployment as a result of controversy about terms or conditions of employment.

Step 32 Appeal Filed Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 6, 7, 8, 9, 10, and 11

FOR LOWER APPEALS ONLY

FOR APPEALS POPULATIONS 6 AND 7 ONLY:

1. **Document :** LOWER AUTHORITY APPEALS SCREENS

Rule : The Appealed date falls within the reporting period being validated.

Function : This rule validates that the appeal filed date is within the period being validated.

FOR APPEALS POPULATIONS 8 AND 9 ONLY:

2. **Document :** APPEALS FOLDER/CASE HISTORY

Rule : The appeal date in the text of the decision matches the appeal filed date on the worksheet.

Function : This rule validates that the appeal filed date reported on the worksheet is correct by examining the case folder.

FOR HIGHER APPEALS ONLY

FOR APPEALS POPULATIONS 6 AND 7 ONLY:

1. **Document :** ??

Rule : ??

Function : This rule validates that the appeal filed date is within the period being validated.

FOR APPEALS POPULATIONS 8 AND 9 ONLY:

2. **Document :** APPEALS FOLDER/CASE HISTORY

Rule : The appeal date in the text of the decision matches the appeal filed date on the worksheet.

Function : This rule validates that the appeal filed date reported on the worksheet is correct by examining the case folder.

Step 32 Appeal Filed Date

Comments:

Definitional Issues:

Definitions:

Date Appeal Filed: Generally, this will be date on which an appeal was filed by mail or in person. State law may consider a dated postmark or dated private postal meter to be the date of filing. However, a dated postmark is frequently not available. In this case, a date on the appeal request should be used. If this is also not available, then the date one day prior to receipt by the agency may be used. The agency authorized to accept appeals may be the local office, the lower or higher authority appeals unit, or any other agency or person authorized to accept appeals on behalf of the appeals authority. (ETA 401, p. V-5-4)

Filed During Month: Single-claimant appeals cases received during the month. (ETA 401, p. I-3-8)

Step 33 Type of Overpayments

A. Fraud Overpayment

B. Nonfraud

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 12 and 13

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was fraud by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was fraud.

Function : This rule validates that the cause of the overpayment was fraud by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Fraud Overpayment: An overpayment for which material facts to the determination or payment of a claim are found to be knowingly misrepresented or concealed by the claimant (willful misrepresentation) in order to obtain benefits to which the individual is not legally entitled.

Fraud (willful misrepresentation) or concealment by a claimant normally relates to unreported earnings, employment or separation from employment, availability, ability, efforts to obtain work, dependents, vacation pay, pension, concurrent filing for benefits in two or more States, or collusion with the employer on exaggerated or unreported earnings or fictitious employment. Include all overpayments which the State agency determines to be a result of willful misrepresentation or concealment of facts. (ETA 401, p. IV-3-6)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was non-fraud by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was nonfraud.

Function : This rule validates that the cause of the overpayment was nonfraud by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Nonfraud Overpayment: An overpayment which the State agency determines is not due to willful misrepresentation. Nonfraud overpayments include overpayments resulting from reversals, State agency errors, employer errors, and claimant errors. The amount of nonfraud overpayments also includes overpayments caused by imposition of administrative penalties.

Nonfraud overpayments generally include errors in administration or omission and do not involve claimant willful misrepresentation. In the case of overpayments that can be traced to one or more sources of error, i.e., State agency, employer, or claimant, count only once under the primary cause of the error. (ETA 401, p. IV-3-7)

Step 34 Cause of Overpayments

- A. Reversal (JAVA)**
- B. SESA Error**
- C. Employer Error**
- D. Claimant Error**
- E. Administrative Penalty**
- F. Other Cause**

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was a reversal (Java) by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was a reversal (JAVA).

Function : This rule validates that the cause of the overpayment was a reversal (Java) by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Reversals: Reversals "JAVA," refer to those nonfraud overpayments which are overturned due to a redetermination or a decision which reverses an earlier determination under which benefits were paid. Generally, such overpayments are attributable to application of the JAVA decision. (ETA 401, p. IV-3-7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was a SESA error by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was a SESA error.

Function : This rule validates that the cause of the overpayment was a SESA error by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: SESA Errors: State agency administrative error overpayments include administrative or mechanical errors and omissions such as:

1. Errors in computing benefit rate.
2. Payment for noncompensable waiting week.
3. Incorrect weekly payment, e.g., failure to consider deductible amount.
4. Payment beyond the expiration of the benefit year.
5. Payment in excess of maximum benefit amount.
6. Payment under incorrect program.
7. Retroactive nonmonetary determinations.
8. Monetary redeterminations.
9. Payment during a period of disqualification.
10. Duplicate payment for the same week.
11. Payment to wrong claimant.
12. Machine errors.

(ETA 401, p. IV-3-7)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was an employer error by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was an employer error.

Function : This rule validates that the cause of the overpayment was an employer error by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Employer Errors: Errors attributable to employers include:

1. Noncompliance with notification and reporting requirements in a timely manner.
2. Incorrect reporting of base-period wages.
3. Incorrect reporting of partial or part-total earnings.

(ETA 401, pp. IV-3-7, 8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was a claimant error by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was a claimant error.

Function : This rule validates that the cause of the overpayment was a claimant error by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Claimant Errors: Errors attributable to claimants include the same types of overpayments as Employer Errors, except that the State agency did not determine that the overpayment involved fraud (willful misrepresentation) or concealment. Generally, these overpayments result from a claimant's misunderstanding of obligations and benefits rights. (ETA 401, p. IV-3-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was an administrative penalty by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was an administrative penalty.

Function : This rule validates that the cause of the overpayment was an administrative penalty by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Administrative Penalty: An overpayment (classed as nonfraud for reporting) of unemployment insurance benefits due solely to the application of State law provisions for disqualification from benefits for willful misrepresentation. For example, an administrative penalty occurs in States which assess the disqualification for fraud beginning with the week the fraudulent act occurred rather than when the fraud was discovered or the finding of fraud is made.

An administrative penalty overpayment is any benefit payment not fraudulently obtained but to which the claimant is no longer entitled to receive because payments were made during a retroactive disqualification period assessed for the fraud (willful misrepresentation) that was committed. (ETA 401, p. IV-3-8)

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the cause of the overpayment was another type of non-fraud by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The cause of the overpayment was another type of nonfraud.

Function : This rule validates that the cause of the overpayment was another type of non-fraud by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Other: All overpayments not categorized as fraud (willful misrepresentation) or nonfraud (administrative penalty, reversals (JAVA), State agency administrative errors, employers errors, or claimant errors) should be reported as "Other" (nonfraud). (ETA 401, pp. IV-3-8, 9)

Step 35 Overpayment Detection Activities

- A. Crossmatch of Benefit Payments with Wage Records**
- B. Verification of Low Earnings**
- C. Employer Protests of Benefit Charges**
- D. Tips and Leads from Outside Sources**
- E. Verification of Return-to-Work Dates and Wages Earned**
- F. Internet Crossmatch**
- G. Quality Control**
- H. Other Controllable Overpayment Detection Activities**
- I. Other Noncontrollable Overpayment Detection Activities**
- J. Fictitious Employer Accounts**

Step 35 Overpayment Detection Activities

A. Crossmatch of Benefit Payments with Wage Records

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document :	??
Rule :	??
Function :	This rule validates that the overpayment was detected by crossmatch by checking an indicator.
2. Document :	OVERPAYMENT FOLDER/CASE HISTORY
Rule :	The overpayment was detected by crossmatch.
Function :	This rule validates that the overpayment was detected by crossmatch by examining the case folder.
Comments:	
Definitional Issues:	
Definitions:	<p>Crossmatch of Benefit Payments with Wage Records: In wage record States, this method involves comparing quarterly wage reports with benefit payments made for the same quarter.</p> <p>If this comparison indicates a possible overpayment, the State agency sends a form letter to the employer(s) for a listing of the exact weeks of employment and wages earned. The State agency compares replies from employers with benefit payment histories to determine if claimants failed to report earnings and were overpaid. (ETA 401, p. IV-3-11)</p>

Step 35 Overpayment Detection Activities

B. Verification of Low Earnings

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected by verification of low earnings by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected by verification of low earnings.

Function : This rule validates that the overpayment was detected by verification of low earnings by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Verification of Low Earnings: This method involves verifying employment dates and earnings reported by a claimant on a claim for partial or part-total unemployment. This information is usually obtained from the employer by mail or telephone. In addition, the employer is asked if full-time work was available to the claimant; if so, why he/she worked less than full-time. The reason for claimant's separation from employment may also be requested if he/she is no longer employed. (ETA 401, p. IV-3-11)

Step 35 Overpayment Detection Activities

C. Employer Protests of Benefit Charges

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected by employer protests of benefit charges by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected by employer protests of benefit charges.

Function : This rule validates that the overpayment was detected by employer protests of benefit charges by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Employer Protests of Benefit Charges: This method involves the investigation of employer allegations that a claimant is concurrently working and claiming benefits, or allegations of other questions of eligibility raised by the employer(s) receiving notices of experience rating charges.

Depending upon State law and agency practice, the employer is encouraged to notify the local or central office directly if he/she has a valid reason for believing that benefits are being paid improperly because the claimant is employed; quit his/her job; retired from the labor force; or is not ready, willing, and able to work. (ETA 401, pp. IV-3-11, 12)

Step 35 Overpayment Detection Activities

D. Tips and Leads from Outside Sources

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document :	??
Rule :	??
Function :	This rule validates that the overpayment was detected by tips and leads from outside sources by checking an indicator.
2. Document :	OVERPAYMENT FOLDER/CASE HISTORY
Rule :	The overpayment was detected through tips and leads.
Function :	This rule validates that the overpayment was detected by tips and leads from outside sources by examining the case folder.
Comments:	
Definitional Issues:	
Definitions:	Tips and Leads from Outside Sources: This method calls for the checking of complaints on alleged improper payment of benefits. Complaints may be from employers other than benefit charge employers; the public (anonymous or identified); or Federal, State, or city agency officials. (ETA 401, p. IV-3-12)

Step 35 Overpayment Detection Activities

E. Verification of Return-to-Work Dates and Wages Earned

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected by verification of return to work dates and wages earned by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected through verification of return-to-work dates and wages earned.

Function : This rule validates that the overpayment was detected by verification of return to work dates and wages earned by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Verification of Return to Work Dates and Wages Earned: This method seeks to determine if a claimant misrepresented the actual date of return to work and/or the amount of his/her earnings. It provides for a current and immediate means of detection. When the claimant notifies the State agency that he/she has returned to work, the claimstaker records the starting employment date and the employer's name and address and verifies the return to work with the employer by mail, telephone, or in person. (ETA 401, p. IV-3-12)

Step 35 Overpayment Detection Activities

F. Internet Crossmatch

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected through internet crossmatch by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected through Internet crossmatch.

Function : This rule validates that the overpayment was detected through internet crossmatch by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Interstate Crossmatch: The Interstate (Internet) Crossmatch and Locator System is a match of interstate claimants against the agent State's wage and UI files. The liable State sends the Social Security Number (SSN) of its active interstate claimants to the respective agent State to search for wages and duplicate filing of UI claims. The agent State runs the SSNs against its wage and UI files and returns a listing of the "hits" to the liable State.

The Locator System is a crossmatch of outstanding overpayments against all States wage and UI files. Usually the claimant's whereabouts are unknown and the SSN is broadcast to all States. "Hits" are returned to the originating State. (ETA 401, p. IV-3-12)

Step 35 Overpayment Detection Activities

G. Quality Control

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected through quality control by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected through quality control.

Function : This rule validates that the overpayment was detected through quality control by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Benefits Accuracy Measurement (BAM): The major objective of BAM is to strengthen controls to prevent errors and abuse in the payment of unemployment insurance benefits. This activity is based on a statistical sample-based quality control system developed to precisely determine the scope and nature of improper payments. Some of the cases investigated will provide information which can be used for prevention and detection purposes. (ETA 401, p. IV-3-12)

Step 35 Overpayment Detection Activities

H. Other Controllable Overpayment Detection Activities

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

- | | |
|----------------------|---|
| 1. Document : | ?? |
| Rule : | ?? |
| Function : | This rule validates that the overpayment was detected through other controllable activities by checking an indicator. |
|
 | |
| 2. Document : | OVERPAYMENT FOLDER/CASE HISTORY |
| Rule : | The overpayment was detected through other controllable activities. |
| Function : | This rule validates that the overpayment was detected through other controllable activities by examining the case folder. |

Comments:

Definitional Issues:

Definitions:

Other Controllable Activities: This includes other types of detection activities which the State directly controls:

1. Back-to-Back Checks. This method is used in wage request reporting States. Benefit payments made to a claimant in the previous benefit year are matched against base-period wages reported for him/her on a new claim. If a potential overpayment is found, the State agency checks with the base-period employer(s) for a breakdown of earnings on the particular week(s) for which benefits were paid. This information, when compared with the benefit record of previous claims, will reveal if a potential overpayment was made.

2. Border Checks. This is a means of detecting concurrent filing of claims in two or more States. Based on prior arrangements between States, the active claim file of a local office near the State line is checked against the claim file of a neighboring State.

This technique can also be used to detect claimants filing for benefits in one State while working in another.

3. Industry Surveys. Under this survey method, groups of employed workers are investigated to detect concurrent earnings and benefits. Generally, industries selected for survey are characterized by high turnover, seasonality, and noncovered employment.

Surveys are also made in industries where employment practices are conducive to fraud, such as piece work, home, or temporary work.

A State agency representative obtains the name and social security account number of each employee to check against the agency's active claim file. If this comparison indicates a possible conflict, the case is investigated.

4. Local Office Audits. This method involves an audit of local office records by persons other than line supervisors to determine accuracy of payment authorizations. It basically attempts to detect the nature and extent of improper payments, reveals operating weaknesses, and serve as a check on agency employee fraud or collusion.

Generally, an audit team arrives unannounced at the local office and impounds the claims to be audited. The selection may include inactive claims. The audit team lists each case by name, social security account number, and weeks claimed, and thoroughly reviews each claim record. Separation and earnings information, availability and ability to work, and other eligibility factors are investigated through contacts with claimants and employers. The audit team reviews local office claims operations for adherence to procedural instructions.

After the audit, the audit team prepares a report which lists case discrepancies and operational

deficiencies. These findings are later discussed with local and central office personnel and provide a basis for actions to improve program administration.

5. Spot-Check Letters to Former Employers. Under this method, the State agency sends a form letter to the claimant's most recent and/or base-period employer. It informs the employer of weeks of unemployment for which benefits were paid and requests any information which may affect the claimant's eligibility for benefits. The letter provides the employer with beginning and ending dates of the period to be checked. The employer is requested to return the letter with the following information: for the weeks or day checked, whether or not the claimant worked for him/her and, if so, the amount of wages earned; and whether or not the claimant refused offers of employment. The employer is asked to furnish details if the claimant refused an offer of work.

6. Dependency Status Surveys. This method concerns verification of claims for dependent's allowances. It applies in States which do not routinely require documentary evidence to establish a claim for dependent's allowances. As a rule, the dependency information on a new claim is compared against prior year benefit claims. Differences noted, such as the change in name of dependents, their relationship to the claimant, age and place of residence, will prompt an investigation. The claimant is closely questioned on such discrepancies and is asked to support his/her claim with additional facts and/or documentary evidence. Supplementary information is obtained through field investigation. Another method is to select a random sample of dependent's allowance claims for full field investigation. This may involve visiting the home of claimants, their neighbors, schools, and other sources for information to verify the information on the claim.

7. Accession Notices. This method is used primarily in wage request States as a substitute for the crossmatch. Employers will often report, as part of the quarterly contribution report, all new hires during the preceding quarter, by name, social security number, and date of hire. The State agency may also request that the employer provide the date of separation, if applicable. The State agency compares the employer listing with the benefit payment file for the same quarter; if the comparison shows benefit payments beyond the date of hire, the employer is asked to provide weekly wage information for weeks for which benefits are paid.

8. Systematic Alien Verification for Entitlement (SAVE) Program. This is normally a computerized verification/matching system for preventing and detecting the payment of unemployment insurance to illegal aliens (secondary verifications are performed manually). The program matches claimant identifying information such as Social Security number, alien registration number, against the Immigration and Naturalization Service's data file.

9. Social Security Verification System. This is a computerized system for matching social security numbers against unemployment insurance benefit files which identifies invalid social security numbers, namely, numbers that were not issued or numbers of deceased persons. The software package for this verification is available to State agencies through the Office of Inspector General in the Department of Health and Human Services.

(ETA 401, pp. IV-3-13, 14, 15, 16)

Step 35 Overpayment Detection Activities

I. Other Noncontrollable Overpayment Detection Activities

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : ??

Rule : ??

Function : This rule validates that the overpayment was detected by an other noncontrollable activity by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment was detected by an other noncontrollable activity.

Function : This rule validates that the overpayment was detected by an other noncontrollable activity by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Other Noncontrollable Activities: This includes other types of detection activities which the State does not directly control.

1. Investigation of Local Office Complaints. These cases are selected for scheduling of a special interview or field investigation because of suspicions by claims personnel regarding claimant eligibility. These cases involve claimants who, due to attitude, off schedule reporting, attire, duration of unemployment, or other factors, have raised questions as to their rights to benefits.

2. Regular Claims Control. This covers incorrect determinations discovered by State agency personnel during routine examination or audit of benefit records. Redeterminations are due to a claimant's misunderstanding of his/her benefit rights, failure of employers to provide necessary or correct information, administrative or mechanical errors by the State agency, and redeterminations through the appeals process.

Step 35 Overpayment Detection Activities

J. Fictitious Employer Accounts

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document :	??
Rule :	??
Function :	This rule validates that the overpayment was detected by a fictitious employer detection system by checking an indicator.
2. Document :	OVERPAYMENT FOLDER/CASE HISTORY
Rule :	The overpayment was a fictitious employer case.
Function :	This rule validates that the overpayment was detected as a fictitious employer case by examining the case folder.
Comments:	
Definitional Issues:	
Definitions:	Fictitious Employer/Claimant Detection Systems: This involves a computerized system for detecting fictitious employer accounts as well as fictitious claimants. It may be referred to as the Legitimate Employer Claims Analysis System (LECAS). The system contains a profile of certain characteristics that are fairly common among employers involved in fictitious schemes. An Employer Tracking File (ETF) serves as the basis for identifying such employers and/or claimants. (ETA 401, p. IV-3-16)

Step 36 Overpayment Established Date

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Populations 12 and 14

1. Document : ??

Rule : The ?? matches the overpayment established date on the worksheet and falls within the reporting period being validated.

Function : This rule validates that the date the overpayment was established matches the established date on the worksheet and is during the reporting period by checking the overpayment record.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment established date falls within the reporting period being validated.

Function : This rule validates that the date the overpayment was established fell within the reporting period by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Case Established: The date on which any single issue involving either a fraud or nonfraud overpayment that has been determined for a claimant within a single calendar quarter and for which a formal notice of decision is issued. Any overpayment (whether fraud or nonfraud) that is determined by the State agency which covers one or more weeks (or partial weeks) of benefits shall be counted as one case if all weeks of overpayments are included in the same notice of decision that is issued to the claimant. (ETA 401, pp. IV-3-9, 10)

Step 37 Amount of Overpayment

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 12

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The TOT OP amount matches the overpayment amount on the worksheet.

Function : This rule validates that the dollar amount of the established overpayment was correct by checking an indicator.

The total dollars for all established overpayments and for each overpayment category in sections A and C will be validated through module 1.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The dollar amount of the established overpayment matches the amount on the worksheet.

Function : This rule validates that the dollar amount of the established overpayment was correct by examining the case folder.

The total dollars for all established overpayments and for each overpayment category in sections A and C will be validated through module 1.

Comments:

**Definitional
Issues:**

Definitions: Amount Established: The original amount of the overpayment established for any single issue involving either a fraud or nonfraud overpayment that has been determined for a claimant within a single calendar quarter and for which a formal notice of decision is issued. Any overpayment (whether fraud or nonfraud) that is determined by the State agency which covers one or more weeks (or partial weeks) of benefits shall be counted as one case if all weeks of overpayments are included in the same notice of decision that is issued to the claimant. (ETA 401, pp. IV-3-9, 10)

Step 38 Overpayment Reconciliation Activities

- A. Recovered Cash**
- B. Recovered Offset**
- C. Waiver**
- D. Written-Off**
- E. Additions**
- F. Subtractions**

Step 38 Overpayment Reconciliation Activities

A. Recovered Cash

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The selected indicator in the ITEM field is ??

Function : This rule validates that the type of overpayment transaction was recovered cash by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment transaction was recovered cash.

Function : This rule validates that the type of overpayment transaction was recovered cash by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Overpayments Recovered-Cash: All cash repayments received by the State agency regardless of when overpayments were established. Includes overpayments recovered from liens, garnishments of wages, adjustments from State income tax refunds or other similar actions. (ETA 401, p. IV-3-17)

Step 38 Overpayment Reconciliation Activities

B. Recovered Offset

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The selected indicator in the ITEM field is OFFSET.

Function : This rule validates that the type of overpayment transaction was a recovered offset by checking an indicator.

2. Document : BENEFIT HISTORY

Rule : The DEDUCT amount of the offset applied to the selected payment (the DEDUCT code is O) matches the amount of the recovered offset on the worksheet.

Function : This rule validates that the type of overpayment transaction was a recovered offset by matching the data on the worksheet to the payments history screen for the offset.

Comments:

**Definitional
Issues:**

Definitions: Overpayments Recovered-Offset: All net dollars recovered through offset from unemployment insurance benefits otherwise payable regardless of when the overpayments were established. (ETA 401, p. IV-3-17)

Step 38 Overpayment Reconciliation Activities

C. Waiver

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document : ??

Rule : ??

Function : This rule validates that the type of overpayment transaction was a waived amount by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment transaction was a waiver.

Function : This rule validates that the type of overpayment transaction was a waived amount by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Waiver/Overpayments Waived: A nonfraud overpayment not subject to recovery because of a State law provision authorizing forgiveness of the overpayment. For example, a State law may authorize waiver of overpayment recovery if such overpayment was not the claimant's fault and requiring repayment would be against equity and good conscience or would otherwise defeat the purpose of the law. (ETA 401, pp. IV-3-9, 17)

Step 38 Overpayment Reconciliation Activities

D. Written-Off

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document :	??
Rule :	??
Function :	This rule validates that the type of overpayment transaction was an amount that was written off by checking an indicator.
2. Document :	OVERPAYMENT FOLDER/CASE HISTORY
Rule :	The overpayment transaction was a write-off.
Function :	This rule validates that the type of overpayment transaction was a write-off by examining the case folder.
Comments:	
Definitional Issues:	
Definitions:	Write-Offs/Written Off: An amount of overpayment not subject to further recovery because of a State law provision authorizing cancellation of the overpayment, e.g., some State laws may authorize write-offs of an overpayment after the statute of limitations expires. (ETA 401, pp. IV-3-9, 18)

Step 38 Overpayment Reconciliation Activities

E. Additions

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document :

Rule : This step can not be validated through automated means (?)

Function : This rule validates that the type of overpayment transaction was an addition to the original overpayment balance by checking an indicator.

2. Document :

Rule : This step can not be validated through automated means (?)

Function : This rule validates that the type of overpayment transaction was an addition to the original overpayment balance by examining the case folder.

Comments:

Definitional Issues:

Definitions: Overpayments-Additions: Any overpayment adjusted upward. Such adjustment usually is a result of a redetermination or appeal decision that increases the amount of overpayment previously reported. (ETA 401, p. IV-3-18)

Step 38 Overpayment Reconciliation Activities

F. Subtractions

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document :

Rule : This step can not be validated through automated means (?)

Function : This rule validates that the type of overpayment transaction was a subtraction from the original overpayment balance by checking an indicator.

2. Document :

Rule : This step can not be validated through automated means (?)

Function : This rule validates that the type of overpayment transaction was a subtraction from the original overpayment balance by examining the case folder.

Comments:

Definitional Issues:

Definitions: Overpayment-Subtractions: Any overpayment adjusted downward. Such adjustment usually is a result of a redetermination or appeals decision that decreases the amount in part or in total of an overpayment previously reported. (ETA 401, p. IV-3-18)

Step 39 Overpayment Reconciliation

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The DATE of the selected transaction matches the reconciliation date on the worksheet and falls within the reporting period being validated.

Function : This rule validates that the date of the overpayment reconciliation transaction matches the reconciliation date on the worksheet and is during the reporting period by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment reconciliation transaction falls within the reporting period.

Function : This rule validates that the date of the overpayment reconciliation transaction falls within the reporting period by examining the case folder.

FOR OFFSETS ONLY:

3. Document : BENEFIT HISTORY

Rule : The DATE when the offset was applied (the DEDUCT code is O) falls within the quarter being validated.

Function : This rule validates that the date of the offset falls within the reporting quarter by checking the payments history screen.

Comments:

**Definitional
Issues:**

Definitions: Overpayment Reconciliation Activity Date: The date the overpayment reconciliation activity took place.

Step 40 Amount of Overpayments Reconciliation Activity

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 13

1. Document :	OVERPAYMENT RECOVERY HISTORY
Rule :	The AMOUNT of the selected transaction matches the reconciliation amount on the worksheet.
Function :	This rule validates that the dollar amount of the overpayment transaction was correct by checking an indicator.
2. Document :	OVERPAYMENT FOLDER/CASE HISTORY
Rule :	The amount of the overpayment transaction matches the amount on the worksheet.
Function :	This rule validates that the dollar amount of the overpayment transaction was correct by examining the case folder.
	FOR OFFSETS ONLY:
3. Document :	BENEFIT HISTORY
Rule :	The DEDUCT amount of the offset applied to the selected payment (the DEDUCT code is O) matches the amount on the worksheet.
Function :	This rule validates that the amount of the offset on the payment history screen matches the amount on the worksheet. (If the amount of the overpayment offset is not displayed on the payment history screen, ensure that the offset has been subtracted from the payment.)
Comments:	
Definitional Issues:	
Definitions:	Amount of Overpayments Reconciliation Activity: The dollar amount involved in the overpayments reconciliation activity.

Step 41 Outstanding Overpayment

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 14

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The BAL is greater than 0.

Function : This rule validates that the overpayment is still outstanding and therefore should be included in the aging analysis by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The overpayment is still outstanding.

Function : This rule validates that the overpayment is still outstanding and therefore should be included in the aging analysis by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Aging of Benefit Overpayment Accounts: The age (in days) of an overpayment which has an outstanding balance due at the end of the quarter. It is measured from the date the overpayment is established to the date the report is prepared. (ETA 401, p. IV-3-21, 22)

Step 42 Balance of Overpayment

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 14

1. Document : OVERPAYMENT RECOVERY HISTORY

Rule : The amount in the BAL field matches the outstanding overpayment amount on the worksheet.

Function : This rule validates the balance of the overpayment at the end of the reporting period by checking an indicator.

2. Document : OVERPAYMENT FOLDER/CASE HISTORY

Rule : The balance of the overpayment matches the amount on the worksheet.

Function : This rule validates the balance of the overpayment at the end of the reporting period by examining the case folder.

Comments:

**Definitional
Issues:**

Definitions: Balance of Overpayment: The amount due on the overpayment at the end of the quarter.
(ETA 401, pp. IV-3-21, 22)

Step 43 Overpayment Aging Calculation and Intervals

Instructions : Check (✓) the box on the TV worksheet for the selected case if all of the following conditions are met. Otherwise record a zero (0) in the box:

Rules on this page apply to Population 14

1. Document :	Worksheet only
Rule :	The last day of the reporting period minus the overpayment established date matches the time lapse on the worksheet.
Function :	This rule validates that the age of the overpayment has been correctly calculated by subtracting the established date from the last day of the reporting period.
Comments:	
Definitional Issues:	
Definitions:	Aging of Benefit Overpayment Accounts: All States are required to identify the date an overpayment was established (the date the debt was incurred). The aging schedule will provide the amount of overpayments outstanding, which are debts owed the States (accounts receivable), from the date the overpayment was established. For the purpose of this report, the date an overpayment is established is the date the overpayment determination was issued. The aging schedule will consist of benefit overpayment account categories that have been established for 90 days or less, 91-180 days, 181-270 days, 271-360 days, 361-450 days, and 451 days or more. The amount to be reported for each benefit overpayment account should reflect the outstanding balance (accounts receivable) owed the State at the close of business on the date the report is prepared. (ETA 401, pp. IV-3-21, 22)

A. PURPOSE

The purpose of the quality sample validation is to ensure that the samples drawn to assess nonmonetary determinations and appeals quality are randomly selected from the correct populations and are the correct size. Sample sizes are set annually beginning with the first quarter of the calendar year and are dependent on the volume of nonmonetary determinations reported to the Department of Labor on the ETA 9052 reports for the preceding calendar year and the number of lower authority appeals reported on the ETA 9054 reports.

There are two basic approaches to selecting samples. In a conventional interval sample, the programmer (or a utility program) divides the size of the desired sample (e.g., 30) into the size of the population (e.g., 300) and derives the sample interval (every 10th observation). The programmer or the utility program then selects a random start point between 1 and 10 and selects every 10th case from that point. Another approach to sampling is to use a sampling utility program that randomizes the file and selects the first 30 observations. This approach is somewhat more difficult to validate but could involve a review of the sample against the source file or a review of the utility program specifications.

The quality sample validation should be coordinated with the sample selection for nonmonetary and appeals quality review. If the sampling procedures are successfully validated, then the quality reviews can proceed. If the sampling procedures do not pass validation, however, the problem(s) will need to be researched and corrected prior to conducting the quality review.

B. QUALITY SAMPLE VALIDATION MATERIALS (ADP STAFF)

Task 1. Copy of the Universe File of Nonmonetary Determinations for the Quarter

(For nonmonetary determination quality sample)

Task 2. Copy of the Universe File of Appeals for the Quarter

(For appeals quality sample)

Validation of the samples selected for nonmonetary determinations and lower authority appeals quality must be conducted for the first calendar quarter's samples, at a minimum. Validation must occur *before* cases are assigned to the quality review staff.

If the sample selection procedures meet the validation criteria contained in this module, then State staff may proceed with the distribution of the cases.

If the sample selection procedures do not meet the validation criteria contained in this module, then ADP staff must be consulted. The sampling procedure must be fixed and rerun until validation indicates it is correct. Assignment of the cases can then proceed accordingly.

These steps must be repeated until it is determined the sampling procedure is correct.

C. QUALITY SAMPLE VALIDATION METHODOLOGY (VALIDATION STAFF)

Validate the Selection of the Nonmonetary Determination Quality (QPI) Sample:

Task 1

Review the total number of nonmonetary determinations reported on the ETA 9052 report for the preceding calendar year. If the total is 100,000 or more, then the sample size is 100 (50 separations and 50 nonseparations). If the total is fewer than 100,000, then the sample size is 60 (30 separations and 30 nonseparations).

Task 2

Compare the total count of the nonmonetary universe for the quarter with the count reported on the ETA 9052 for the three-month period. This comparison validates that the correct universe was used.

Task 3

Determine whether an interval sample was drawn (and how it was drawn) or whether the file was randomized such that the first set of cases could be selected without establishing intervals.

Task 4

Obtain a copy of the nonmonetary universe file for the quarter with the observation number and SSN of each case.

Task 5

If an interval sample was drawn, check to see that the first case was randomly selected and that the proper cases were selected (e.g., if the random start was 10 and the interval was every 40th case, check to see that 50, 90, 130, and so on were selected). The validator can identify the sampled cases from the quality review documentation and can compare the sampled cases with the observations in the universe file by matching on observation number and social security number.

Task 6

If the sample was drawn from a randomized file, determine how the file was randomized and print out the file to check that it was not ordered by date, local office number, or other nonrandom means. The validator can compare this order with the way the file was ordered prior to randomization to ensure that the file was randomly reordered.

Validate the Selection of the Appeals Quality Sample:

Task 1

Review the total of the Lower Authority Appeals decisions for the preceding calendar year. If the total reported is 40,000 or more, then the sample size is 40 decisions per quarter. If the total reported is fewer than 40,000, then the sample size is 20 decisions per quarter.

Task 2

Compare the total count with the count reported on the ETA 9054 report for the three-month period. If the programmer who selected the sample had deleted appeals decisions representing withdrawals, dismissals, and no shows from the sample universe, then the quality universe should be smaller than the count reported on the ETA 9054 report. The validator can examine a printout of the sample universe and can examine the code used by the programmer to distinguish between decisions with reviewable hearings and decisions representing withdrawals, dismissals, and no shows. If the sum of the two groups matches the count reported on the ETA 9054 report for the three-month period, then the correct universe was used.

Task 3

Determine whether an interval sample was drawn (and how it was drawn) or whether the file was randomized such that the first set of cases could be selected without establishing intervals.

Task 4

Obtain a copy of the appeals universe file for the quarter with the observation number and SSN of each case.

Task 5

If an interval sample was drawn, check to see that the first case was randomly selected and that the proper cases were selected (e.g., if the random start was 10 and the interval was every 40th case, check to see that 50, 90, 130, and so on were selected). The validator can identify the sampled cases from the quality review documentation and can compare the sampled cases with the observations in the universe file by matching on observation number and social security number.

Task 6

If the sample was drawn from a randomized file, determine how the file was randomized and print out the file to check that it was not ordered by date, local office number or other nonrandom means. The validator can compare this order with the way the file was ordered prior to randomization to ensure that the file was randomly reordered.

D. RESULTS

If the sampling method was not correct or was not implemented properly, the validator should discuss the problems with the programmer and determine what corrective actions are needed. If the programmer confirms that the process was incorrect, the validator should record the problems on the summary and analytical reports for the two samples, which are included in Appendix F.

APPENDIX A

REPORT VALIDATION SPECIFICATIONS

Table A.1 summarizes the validation options available to the States. There are essentially five options, based on the possible combinations of State data sources for both federal reporting and validation. For each possible combination, Table A.1 identifies:

- (a) If an independent count is required (see Appendix C). An independent count is required for those States that use the same file for validation reconstruction and federal reporting.
- (b) If source documentation must be reviewed for each randomly sampled transaction (see Module 2). Source documentation is necessary to ensure that data on the reconstruction file and the worksheet represent the correct data elements when the same file is used for validation and federal reporting. If two separate files are used, validators should review relevant benefits history screens for at least two transactions for each sample.
- (c) If audit trails must be maintained for transactions which are overwritten. If the State system overwrites transactions, an audit trail must be kept to support the reported count.

Appendix A, in conjunction with Module 3, provides complete specifications for reconstructing counts of transactions reported in each cell of the applicable federal reports.

Also provided in this appendix are the sort criteria for each of the 14 transaction populations (see page A.69).

Table A.1

Determination of Appropriate State Validation Process

Scenario	Federal Report Source	Validation Reconstruction Source for Printout and Worksheet	(a) Independent Count Required	(b) Document Review for Each Randomly Sampled Transaction	(c) Provide Audit Trails for Transactions that were Changed
1	Detail record statistical file - daily or weekly	Same file used for federal report	Yes	Yes	No - Detail of old transactions in statistical file
2	Statistical file - Counts only, daily or weekly (or monthly for quarterly reports)	Detail record extract from data base	No	Not necessary for all samples	Yes - Statistical files do not contain detail records to support prior count
3	Detail record extract from data base - single snapshot for reporting period	Same file used for federal report	Yes - Although data are from data base, extract logic must be replicated	No - If all relevant data elements can be printed out	No - Validating a snapshot against a snapshot, they will match
4	Counts from reading data base records - single snapshot for reporting period	Detail record extract from data base run at the same time as reporting software	No	No - If all relevant data elements can be printed out	No - Validating a snapshot against a snapshot, they will match
5	Counts from reading data base records - single snapshot for reporting period	Detail record extract from data base run after reporting software is run	No	No - If all relevant data elements can be printed out	Yes - Reconstruction occurs later, so records may have been overwritten or changed

Notes: Document review--if not required for each randomly sampled transaction, validators review relevant benefits history screens for at least two transactions for each sample, to ensure that the data on the printout and the worksheet represent the correct data elements in the data base. Table A.3 specifies when randomly sampled transactions must be validated against source documentation.

Provide audit trails--if the State's system overwrites transactions (e.g., if there are two additional claims filed during the month, but the system only maintains a record of the second additional claim), an audit trail must be kept to support the validation count. If statuses change after a count is taken (e.g., UI wages are added to an UCFE claim or a claim changes from interstate to intrastate), it may not be necessary to provide an audit trail to support the count unless the "error rate" is abnormal.

Automated Validation Options

Some States have developed sophisticated techniques for thorough and efficient validation. The validation methodology described in this handbook builds on these advancements by adapting the automated techniques to systems in all 53 SESAs. To the extent that a State chooses to automate validation to a higher degree, start-up costs will increase, but ongoing labor costs of performing the validation will decrease and result in a lower overall cost to the State. There are a number of potential levels of automation, as detailed in the following table:

Process	Maximum Automation	Average Automation	Minimum Automation
Report Validation (RV) Printout programmed to capture all specified data			X
Automated Transaction Validation (TV) Worksheet generation		X	
RV Printout and TV Worksheet programmed to capture additional relevant data	X		
Subpopulation and report item counts downloaded onto RV spreadsheet	X		

C Maximum Automation

In this approach, the printout and worksheet are programmed to display and sort all relevant data elements from the data base, which minimizes the need for the validator to refer to source documentation. The handbook identifies which transaction types lend themselves to this approach. When it is still necessary for the validator to examine benefits history screens, ADP staff generate printouts of the screen for the validator using batch files. ADP staff also select the samples and print the worksheets. Finally, report and subpopulation counts are automatically transferred to the validation spreadsheets.

C Average Automation

In this approach, generation of the worksheets used in validation is automated. Validation source documentation (benefits history screens) may also be generated in batch mode.

C Minimum Automation

In this approach, the only automated feature of the validation process is the reconstruction of the federal report counts, as specified in the validation printout specifications (the validation approach assumes that all reported counts can be reconstructed by computer). The validation methodology provides all the tools necessary for the validator to construct the worksheets manually, to incorporate specified data which could not be captured directly from the State's database.

POPULATION TABLES

TABLE NUMBER	DESCRIPTION	PAGE
1	Weeks Claimed	A.7
2	Final Payments	A.10
3	Claims and Claim Status	A.13
4	Payments/Weeks Compensated	A.24
5	Adjudications and Redeterminations	A.31
6	Appeals Filed - Lower	A.43
7	Appeals Filed - Higher	A.44
8	Appeals Decisions - Lower	A.45
9	Appeals Decisions - Higher	A.55
10	Pending Appeals - Lower	A.59
11	Pending Appeals - Higher	A.60
12	Overpayments Established - Sorted by Causes	A.61
13	Overpayment Reconciliation Transactions	A.64
14	Aged Overpayments	A.67

VALIDATION POPULATION 1

WEEKS CLAIMED - WEEK WAS CLAIMED DURING REPORTING/VALIDATION PERIOD

Subpop #	ETA 5159 Report Line and Column	1 (Step 1A) Week Claimed	2 (Step 1A) SSN	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/Interstate	6 (Step 11) (Rule 1) Date Week Claimed ^a	7 (Step 11) (Rule 2) Monetarily Eligible or Pending	8 (Step 11) (Rule 3) Earnings	9 (Step 11) (Rule 3) WBA
INTRASTATE WEEKS CLAIMED (1.1 through 1.3) 1) Random sample: 60 or 200										
1.1	ar5159A-201-10			Regular UI	UI	Intrastate				
1.2	ar5159A-202-10			Regular UI	UCFE	Intrastate				
1.3	ar5159A-203-10			Regular UI	UCX	Intrastate				
INTERSTATE WEEKS CLAIMED RECEIVED AS LIABLE STATE (1.4 through 1.6) 1) Random sample: 30 or 100										
1.4	ar5159A-201-13			Regular UI	UI	Interstate Rec'd as Liable				
1.5	ar5159A-202-13			Regular UI	UCFE	Interstate Rec'd as Liable				
1.6	ar5159A-203-13			Regular UI	UCX	Interstate Rec'd as Liable				
INTERSTATE WEEKS CLAIMED FILED FROM AGENT STATE (1.7 through 1.9) 1) Minimum Sample: First two cases										
1.7	ar5159A-201-11			Regular UI	UI	Interstate Filed from Agent State				
1.8	ar5159A-202-11			Regular UI	UCFE	Interstate Filed from Agent State				
1.9	ar5159A-203-11			Regular UI	UCX	Interstate Filed from Agent State				

VALIDATION POPULATION 1

WEEKS CLAIMED - WEEK WAS CLAIMED DURING REPORTING/VALIDATION PERIOD

Subpop #	ETA 5159 Report Line and Column	1 (Step 1A) Week Claimed	2 (Step 1A) SSN	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/Interstate	6 (Step 11) (Rule 1) Date Week Claimed ^a	7 (Step 11) (Rule 2) Monetarily Eligible or Pending	8 (Step 11) (Rule 3) Earnings	9 (Step 11) (Rule 3) WBA
INTRASTATE WORKSHARE (1.10) 1) Stratified sample: First two cases										
1.10	aw5159-201-9			Workshare	UI	Intrastate				
1.11	5159 AE			Repeat for Extended Benefits						

^aNo excessive earnings

NOTE: See Module 2 for an explanation of the sampling methodologies.

**RELATIONSHIP BETWEEN WEEKS CLAIMED SUBPOPULATIONS
ON VALIDATION PRINTOUT 1 AND THE ETA AR5159A REPORT**

		Continued Weeks Claimed		
		Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (13)
State UI	201	1	7	4
UCFE, No UI	202	2	8	5
UCX Only	203	3	9	6

**RELATIONSHIP BETWEEN WEEKS CLAIMED SUBPOPULATIONS
ON VALIDATION PRINTOUT 1 AND THE ETA AW5159 REPORT**

Items		Continued Weeks Claimed
		Intrastate (9)
State UI	201	10

VALIDATION POPULATION 2

FINAL PAYMENTS

		1 (Step 1C)	2 (Step 1C)	3 (Step 2)	4 (Step 4)	5 (Step 9A)	6 (Step 9A)	7 (Step 9A)	8 (Step 9B)	9 (Step 10C)	10 (Step 10C)
Subpop #	Report, Line, and Column	SSN	Check # Unique ID	Type of UI Program	Program Type	MBA	WBA	Actual Weeks of Duration	Maximum Duration	Mail Date of Final Payment	Balance
FINAL PAYMENTS (2.1 through 2.4) 1) Random sample: 30 or 100											
2.1	ar5159B-303-27 218B-104 (14, 19)			Regular UI	UI			26	Yes		
2.2	ar5159B-303-27 218B-102 (8-13)			Regular UI	UI			X ^a	No		
2.3	ar5159B-303-28			Regular UI	UCFE or UCFE/UCX, no UI			NA	NA		
2.4	ar5159B-303-29			Regular UI	UCX Only			NA	NA		
WORKSHARE FINAL PAYMENTS (2.5) 1) Stratified sample: First two cases											
2.5	aw5159-303-25			Workshare	UI or Joint with UCFE and/or UCX			NA	NA		
2.6	Repeats for Extended Benefits										

^aSort by the number of weeks of duration and subtotal by each range for final payments on the ETA 218 report.

NOTE: See Module 2 for an explanation of the sampling methodologies.

**RELATIONSHIP BETWEEN FINAL PAYMENTS SUBPOPULATIONS
ON VALIDATION PRINTOUT 2 AND THE ETA 218B REPORT**

SECTION B. ACTUAL DURATION FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS

LINE NO.	ITEM	LESS THAN MAXIMUM WEEKS OF DURATION		
		Less than 26 Weeks (8-13)		
102	Actual	2		
		MAXIMUM WEEKS OF DURATION	Number at Maximum Duration (19)	Average Weeks Duration (20)
		26-27 Weeks (14)		
104	Actual	1	1	Average Calculation from Total Column for Subpopulations 1 and 2

**RELATIONSHIP BETWEEN FINAL PAYMENTS SUBPOPULATIONS
ON VALIDATION PRINTOUT 2 AND THE ETA AR5159B REPORT**

Final Payment for All Unemployment				
		State UI Program	UCFE & UCX Programs	
		Total (27)	UCFE, No UI (28)	UCX Only (29)
Number	303	1 and 2	3	4

**RELATIONSHIP BETWEEN FINAL WORKSHARE PAYMENTS SUBPOPULATIONS
ON VALIDATION PRINTOUT 2 AND THE ETA AW5159 REPORT**

		Final Payment For All Unemployment State UI Pgm Total (25)
Number	303	5

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 8A)	11 (Step 8A)	12 (Step 8B)
Subpop #	Cell #	SSN	Date Claim Filed	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary	Sufficient/ Insufficient/ Date Wages Combined	WBA	MBA	Potential Weeks of Duration	Potential Weeks of Maximum Duration
NEW UI CLAIMS (3.1 through 3.14)													
1) Random sample: 60 or 200; 2) Supplemental sample--missing strata													
3.1	ar5159A-101-2 218A-100-2			Regular UI	New	UI	Intrastate		Insufficient				
3.2	ar5159A-101-2 218A-100 (3-6) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New	UI	Intrastate		Sufficient New BY	Maximum		X ^a	Yes
3.3	ar5159A-101-2 218A-100 (3-5) 218B-101 (8-13)			Regular UI	New	UI	Intrastate		Sufficient New BY	Maximum		X	No
3.4	ar5159A-101-2 218A-100 (3-4) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New	UI	Intrastate		Sufficient New BY	Less than Maximum		X	Yes
3.5	ar5159A-101-2 218A-100 (3-4) 218B-101 (8-13)			Regular UI	New	UI	Intrastate		Sufficient New BY	Less than Maximum		X	No
3.6	ar5159A-101-2 218A-100-3			Regular UI	New	UI	Intrastate		Sufficient No BY ^b				
3.7	ar5159A-101-2			Regular UI	New	UI	Intrastate	No Monetary					
3.8	ar5159A-101-7 218A-100-2			Regular UI	New	UI	Interstate Recv'd as liable		Insufficient				
3.9	ar5159A-101-7 218A-100 (3-6) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New	UI	Interstate Recv'd as liable		Sufficient New BY	Maximum		X ^a	Yes
3.10	ar5159A-101-7 218A-100 (3-5) 218B-101 (8-13)			Regular UI	New	UI	Interstate Recv'd as liable		Sufficient New BY	Maximum		X	No

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 8A)	11 (Step 8A)	12 (Step 8B)
Subpop #	Cell #	SSN	Date Claim Filed	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary	Sufficient/ Insufficient/ Date Wages Combined	WBA	MBA	Potential Weeks of Duration	Potential Weeks of Maximum Duration
3.11	ar5159A-101-7 218A-100 (3-4) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New	UI	Interstate Recv'd as liable		Sufficient New BY	Less than Maximum		X	Yes
3.12	ar5159A-101-7 218A-100 (3-4) 218B-101 (8-13)			Regular UI	New	UI	Interstate Recv'd as liable		Sufficient New BY	Less than Maximum		X	No
3.13	ar5159A-101-7 218A-100-3			Regular UI	New	UI	Interstate Recv'd as liable		Sufficient No BY ^b				
3.14	ar5159A-101-7			Regular UI	New	UI	Interstate Recv'd as liable	No Monetary					
NEW UCFE/UCX CLAIMS (3.15 through 3.18) 1) Stratified sample: First two cases from each subpopulation													
3.15	ar5159A-102-2			Regular UI	New	UCFE	Intrastate						
3.16	ar5159A-103-2			Regular UI	New	UCX	Intrastate						
3.17	ar5159A-102-7			Regular UI	New	UCFE	Interstate Recv'd as liable						
3.18	ar5159A-103-7			Regular UI	New	UCX	Interstate Recv'd as liable						

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 8A)	11 (Step 8A)	12 (Step 8B)
Subpop #	Cell #	SSN	Date Claim Filed	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary	Sufficient/ Insufficient/ Date Wages Combined	WBA	MBA	Potential Weeks of Duration	Potential Weeks of Maximum Duration
INTERSTATE FILED FROM AGENT STATE CLAIMS (3.19 through 3.21) 1) Stratified sample: First two cases from each subpopulation													
3.19	ar5159A-101-4			Regular UI	New	UI	Interstate Filed from Agent State						
3.20	ar5159A-102-4			Regular UI	New	UCFE	Interstate Filed from Agent State						
3.21	ar5159A-103-4			Regular UI	New	UCX	Interstate Filed from Agent State						
INTERSTATE CLAIMS TAKEN AS AGENT STATE (3.22 through 3.24) 1) Stratified sample: First two cases from each subpopulation													
3.22	ar5159A-101-5			Regular UI	New Additional Reopened	UI	Interstate Taken as agent						
3.23	ar5159A-102-5			Regular UI	New Additional Reopened	UCFE	Interstate Taken as agent						
3.24	ar5159A-103-5			Regular UI	New Additional Reopened	UCX	Interstate Taken as agent						

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 8A)	11 (Step 8A)	12 (Step 8B)	
Subpop #	Cell #	SSN	Date Claim Filed	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary	Sufficient/ Insufficient/ Date Wages Combined	WBA	MBA	Potential Weeks of Duration	Potential Weeks of Maximum Duration	
INTRASTATE AND INTERSTATE TRANSITIONAL CLAIMS (3.25 through 3.33) 1) Random sample: 30 or 100														
3.25	ar5159A-101-6 218A-100-2			Regular UI	Transitional	UI			Insufficient					
3.26	ar5159A-101-6 218A-100 (3-6) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	Transitional	UI			Sufficient New BY	Maximum		X ^a	Yes	
3.27	ar5159A-101-6 218A-100 (3-5) 218B-101 (8-13)			Regular UI	Transitional	UI			Sufficient New BY	Maximum		X	No	
3.28	ar5159A-101-6 218A-100 (3-4) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	Transitional	UI			Sufficient New BY	Less than Maximum		X	Yes	
3.29	ar5159A-101-6 218A-100 (3-4) 218B-101 (8-13)			Regular UI	Transitional	UI			Sufficient New BY	Less than Maximum		X	No	
3.30	ar5159A-101-6 218A-100-3			Regular UI	Transitional	UI			Sufficient No BY ^b					
3.31	ar5159A-101-6			Regular UI	Transitional	UI		No Monetary						
3.32	ar5159A-102-6			Regular UI	Transitional	UCFE								
3.33	ar5159A-103-6			Regular UI	Transitional	UCX								

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 8A)	11 (Step 8A)	12 (Step 8B)
Subpop #	Cell #	SSN	Date Claim Filed	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary	Sufficient/ Insufficient/ Date Wages Combined	WBA	MBA	Potential Weeks of Duration	Potential Weeks of Maximum Duration
CWC CLAIMS (3.34 through 3.39) 1) Random sample: 30 or 100; 2) Supplemental sample--missing strata													
3.34	586A-101-1			Regular UI	New CWC		Intrastate CWC		Insufficient				
3.35	586A-101 (1-2)			Regular UI	New CWC		Intrastate CWC		Sufficient New BY				
3.36	586A-102-1			Regular UI	New CWC		Interstate CWC		Insufficient				
3.37	586A-102 (1-2)			Regular UI	New CWC		Interstate CWC		Sufficient New BY				
3.38	586A-101-2			Regular UI	New CWC Prior Qtr		Intrastate CWC		Sufficient New BY				
3.39	586A-102-2			Regular UI	New CWC Prior Qtr		Interstate CWC		Sufficient New BY				
MONETARY SENT WITHOUT NEW CLAIM (3.40 through 3.45) 1) Stratified sample: First two cases from each subpopulation													
3.40	218A-100-2			Regular UI	New Claim Filed in Prior Quarter	UI			Insufficient				
3.41	218A-100 (3-6) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New Claim Filed in Prior Quarter	UI			Sufficient New BY				
3.42	218A-100 (3-5) 218B-101 (8-13)			Regular UI	New Claim Filed in Prior Quarter	UI			Sufficient New BY	Maximum		X	No
3.43	218A-100 (3-4) 218B-101 (8-13) 218B-103 (14, 19)			Regular UI	New Claim Filed in Prior Quarter	UI			Sufficient New BY	Less than Maximum		X	Yes
3.44	218A-100 (3-4) 218B-101 (8-13)			Regular UI	New Claim Filed in Prior Quarter	UI			Sufficient New BY	Less than Maximum		X	No

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Cell #	1 (Step 1B) SSN	2 (Step 3A) (Step 3C) (Rule 1) Date Claim Filed	3 (Step 2) Type of UI Program	4 (Step 3) Type of Claim	5 (Step 4) Program Type	6 (Step 5) Intrastate/ Interstate	7 (Step 6A) (Step 6B) Date of Original Monetary	8 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Date Wages Combined	9 (Step 7) WBA	10 (Step 8A) MBA	11 (Step 8A) Potential Weeks of Duration	12 (Step 8B) Potential Weeks of Maximum Duration
3.45	218A-100-3			Regular UI	New Claim Filed in Prior Quarter	UI			Sufficient No BY ^b				
ENTERING SELF-EMPLOYMENT PROGRAM (3.46) 1) Stratified sample: First two cases													
3.46	ar5159A-201-14			Regular UI	Entering Self-Employment								
NEW WORKSHARE CLAIMS (3.47) 1) Stratified sample: First two cases													
3.47	aw5159-101-2			Workshare	New	UI	Intrastate						
3.48				Extended Benefit ^c	New	UI	Intrastate						

^aObservations reported in all populations which require the number of weeks of potential duration will be sorted by the number of weeks and subtotaled by the range of weeks.

^bThis situation will only occur when the State does not automatically establish a new benefit year for claimants who are monetarily eligible for benefits.

^cThis table can be expanded to include necessary additional subpopulations for extended benefit claims to match relevant cells on the ar5159AAE.

NOTE: See Module 2 for an explanation of the sampling methodologies.

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Cell #	1 (Step 1A) SSN	2 (Step 1B) (Step 3B) Date Claim Filed	3 (Step 2) Type of UI Program	4 (Step 3B) Type of Claim	5 (Step 4) Program Type	6 (Step 5) Intrastate/Interstate	7 (Step 3B) (Rule 2) Unclaimed Week	8 (Step 3B) (Rule 3) Separation Date	9 (Step 3B) (Rule 4) Last Employer	10 (Step 3B) (Rule 5) Separation Reason
ADDITIONAL CLAIMS (3.49 through 3.54) 1) Random sample: 60 or 200											
3.49	ar5159A-101-3			Regular UI	Additional	UI	Intrastate				
3.50	ar5159A-102-3			Regular UI	Additional	UCFE	Intrastate				
3.51	ar5159A-103-3			Regular UI	Additional	UCX	Intrastate				
3.52	ar5159A-101-7			Regular UI	Additional	UI	Interstate Recv'd as liable				
3.53	ar5159A-102-7			Regular UI	Additional	UCFE	Interstate Recv'd as liable				
3.54	ar5159A-103-7			Regular UI	Additional	UCX	Interstate Recv'd as liable				
ADDITIONAL WORKSHARE CLAIMS (3.55) Stratified Sample: First two cases											
3.55	aw5159-101-3			Workshare	Additional	UI	Intrastate				

NOTE: See Module 2 for an explanation of the sampling methodologies.

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY

**CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE
FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD**

Definition of Major Populations:

ETA 5159: All claims filed (established) during the reporting/validation quarter.

ETA 218: New UI claims where the original monetary determination was issued during the quarter. The claims (columns 2, 3, 4, 10) will match three months of the ETA 5159 report and their most recent monetary determinations (columns 5, 6, 7, 8, 9, 11) will match the quarterly 218 report (see Tables 3A and 3B for the relationship between claims populations and cells on the 5159 and 218 reports).

The counts of new UI claims will match the counts on the 218 except for two types of claims:

- 1) When no original monetary determination was sent during the quarter being validated in which the new claim was filed (subpopulations 3.7 and 3.16), the claim will be reported on the ETA 5159, but there will be no monetary status reported on the ETA 218 for the quarter being validated.
- 2) When the original monetary determination was sent during the quarter being validated but the claim was filed during the previous quarter (subpopulations 3.32 through 3.36), the monetary status will be reported on the ETA 218, but there will be no claim reported on the ETA 5159 for the quarter being validated.

5159 Report Criteria

- C Assign a claim type category and sort into the categories in column 3.
- C Assign an intrastate or interstate category based on the liable and agent state(s) and sort into the categories in column 2.
- C Assign a program type (UI, UCFE, UCX) based on the wages present on the most recent monetary determination at the time the report program is run and sort into the categories in column 4. If no wages were found, assign the program type based on the type of claim filed. Follow the current program type hierarchy (any UI wages are UI, any UCFE wages without UI are UCFE and UCX wages are only UCX).

218 Report Criteria

- C Based on the most recent monetary determination at the time the report is run, assign a monetary determination status and sort into the categories in column 5:
 - Subpopulation 3.1--insufficient monetary (ineligible claim)
 - Subpopulations 3.2 through 3.5--sufficient monetary (eligible claim) with a new benefit year established
 - Subpopulation 3.6--sufficient monetary with no new benefit year established
 - Subpopulation 3.7--no monetary sent
- C Assign monetary determinations with sufficient wages to subpopulations 3.2 through 3.5 (intrastate) or 3.10 through 3.13 (interstate) based on whether the claimant qualified for the maximum WBA and the maximum duration (columns 8 through 10).

**RELATIONSHIP BETWEEN CLAIMS SUBPOPULATIONS
ON VALIDATION PRINTOUT 3 AND THE ETA AR5159A AND 586A REPORTS**

ETA ar5159A Program	Line No.	Initial Claims						
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)	Entering Self-employment, All Programs (14)
State UI	101	1-7	49	19	22	25-31	8-14 and 52	
UCFE, No UI	102	15	50	20	23	32	17, 20, and 53	
UCX Only	103	16	51	21	24	33	18, 21, and 54	
State UI	201							46

ETA 586A State UI	Line No.	New Claims (1)	Persons Establishing Benefit Years (2)
Intrastate	101	34 and 35	35 and 38
Interstate Recvd. as Paying State	102	36 and 37	37 and 39

**RELATIONSHIP BETWEEN NEW UI CLAIMS SUBPOPULATIONS
ON VALIDATION PRINTOUT 3 AND THE ETA 218 REPORT**

SECTION A. STATUS OF NEW CLAIMS

	NEW CLAIMS		NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS		
LINE NO.	Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total (4)	Maximum Weekly Benefit Amount (5)	Maximum Benefit and Duration (6)
100	1, 8, 25, 40	2-6 9-13 26-30 41-45	2-5 9-12 26-29 41-44	2-3 9-10 26-27 41-42	2, 9, 26, 41

SECTION B. POTENTIAL DURATION FOR DETERMINATIONS ESTABLISHING BENEFIT YEARS

LINE NO.	ITEM	LESS THAN MAXIMUM WEEKS OF DURATION		
		Less than 26 Weeks (8-13)		
101	Potential	2-5 9-12 26-29 41-44		
		MAXIMUM WEEKS OF DURATION	Number at Maximum Duration (19)	Average Weeks Duration ^a (20)
		26-27 Weeks (14)		
103	Potential	2, 4, 9, 11, 26, 28, 41, 43	2, 4, 9, 11, 26, 28, 41, 43	Average Calculation from Total Column for Subpopulations 2-5, 9-12, 26-29, and 41-44

^aThis item is not validated. It is represented here for informational purposes only.

**RELATIONSHIP BETWEEN WORKSHARE UI CLAIMS SUBPOPULATIONS
ON VALIDATION PRINTOUT 3 AND THE ETA AW5159 REPORT**

Program		Initial Claims	
		New Intrastate Excluding Transitional	Additional Intrastate
		2	3
State UI	101	47	55

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) SSN	2 (Step 1C) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intra/ Inter	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G) Type of Compensat'n	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemploy- ment	8 (Step 10D) (Step 10E) Earnings	9 (Step 10D) (Step 10E) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date	17 (Step 15) Time Lapse
FIRST PAYMENTS (4.1 through 4.16) 1) Random sample: 60 or 200; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers																		
4.1	ar5159B-301 (15-16) ar5159B-302 (15-16) 9050-All-C2			Regular UI	UI only	Intrastate	First Payment	Total			X							
4.2	ar5159B-301 (15-17) ar5159B-302 (15-17) 9050-All-C6			Regular UI	UI only	Interstate	First Payment	Total			X							
4.3	ar5159B-301 (15, 16, 18) ar5159B-302 (15, 16, 18) 9050-All-C2			Regular UI	UI/Federal	Intrastate	First Payment	Total			X	X ^a	X ^a					
4.4	ar5159B-301 (15-18) ar5159B-302 (15-18) 9050-All-C6			Regular UI	UI/Federal	Interstate	First Payment	Total			X	X ^a	X ^a					
4.5	ar5159B-301 (18-19) ar5159B-302 (18-19) 9050-All-C3			Regular UI	UCFE or UCFE/UCX	Intrastate	First Payment	Total				X	X ^b					
4.6	ar5159B-301 (18-19) ar5159B-302 (18-19) 9050-All-C7			Regular UI	UCFE or UCFE/UCX	Interstate	First Payment	Total				X	X ^b					
4.7	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9050-All-C4			Regular UI	UCX only	Intrastate	First Payment	Total					X					
4.8	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9050-All-C8			Regular UI	UCX only	Interstate	First Payment	Total					X					
4.9	ar5159B-301-15 ar5159B-302-15 9050-Part-C2			Regular UI	UI only	Intrastate	First Payment	Partial			X							
4.10	ar5159B-301 (15, 17) ar5159B-302 (15, 17) 9050-Part-C6			Regular UI	UI only	Interstate	First Payment	Partial			X							
4.11	ar5159B-301 (15, 18) ar5159B-302 (15, 18) 9050-Part-C2			Regular UI	UI/Federal	Intrastate	First Payment	Partial			X	X ^a	X ^a					
4.12	ar5159B-301 (15, 17, 19) ar5159B-302 (15, 17, 19) 9050-Part-C6			Regular UI	UI/Federal	Interstate	First Payment	Partial			X	X ^a	X ^a					
4.13	ar5159B-301 (18-19) ar5159B-302 (18-19) 9050-Part-C3			Regular UI	UCFE or UCFE/UCX	Intrastate	First Payment	Partial				X	X ^b					

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) SSN	2 (Step 1C) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intra/ Inter	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G) Type of Compensat'n	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemployment	8 (Step 10D) (Step 10E) Earnings	9 (Step 10D) (Step 10E) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date	17 (Step 15) Time Lapse
4.14	ar5159B-301 (18-19) ar5159B-302 (18-19) 9050-Part-C7			Regular UI	UCFE or UCX/UCX	Interstate	First Payment	Partial				X	X ^b					
4.15	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9050-Part-C4			Regular UI	UCX only	Intrastate	First Payment	Partial					X					
4.16	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9050-Part-C8			Regular UI	UCX only	Interstate	First Payment	Partial					X					
CONTINUED TOTAL PAYMENTS (4.17 through 4.24) 1) Supplemental sample--outliers																		
4.17	ar5159B-301 (15-16) ar5159B-302 (15-16) 9051-All-C2			Regular UI	UI only	Intrastate	Cont. Payment	Total			X							
4.18	ar5159B-301 (15-17) ar5159B-302 (15-17) 9051-All-C6			Regular UI	UI only	Interstate	Cont. Payment	Total			X							
4.19	ar5159B-301 (15, 16, 18) ar5159B-302 (15, 16, 18) 9051-All-C2			Regular UI	UI/Federal	Intrastate	Cont. Payment	Total			X	X ^a	X ^a					
4.20	ar5159B-301 (15-18) ar5159B-302 (15-18) 9051-All-C6			Regular UI	UI/Federal	Interstate	Cont. Payment	Total			X	X ^a	X ^a					
4.21	ar5159B-301 (18-19) ar5159B-302 (18-19) 9051-All-C3			Regular UI	UCFE or UCX/UCX	Intrastate	Cont. Payment	Total				X	X ^b					
4.22	ar5159B-301 (18-19) ar5159B-302 (18-19) 9051-All-C7			Regular UI	UCFE or UCX/UCX	Interstate	Cont. Payment	Total				X	X ^b					
4.23	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9051-All-C4			Regular UI	UCX only	Intrastate	Cont. Payment	Total					X					
4.24	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9051-All-C8			Regular UI	UCX only	Interstate	Cont. Payment	Total					X					

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) SSN	2 (Step 1C) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intra/ Inter	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G) Type of Compensat'n	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemploy- ment	8 (Step 10D) (Step 10E) Earnings	9 (Step 10D) (Step 10E) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date	17 (Step 15) Time Lapse
CONTINUED PARTIAL PAYMENTS (4.25 through 4.32) 1) Random sample: 30 or 100																		
4.25	ar5159B-301-15 ar5159B-302-15 9051-Part-C2			Regular UI	UI only	Intrastate	Cont. Payment	Partial			X							
4.26	ar5159B-301 (15, 17) ar5159B-302 (15, 17) 9051-Part-C6			Regular UI	UI only	Interstate	Cont. Payment	Partial			X							
4.27	ar5159B-301 (15, 18) ar5159B-302 (15, 18) 9051-Part-C2			Regular UI	UI/Federal	Intrastate	Cont. Payment	Partial			X	X ^a	X ^a					
4.28	ar5159B-301 (15, 17, 18) ar5159B-302 (15, 17, 18) 9051-Part-C6			Regular UI	UI/Federal	Interstate	Cont. Payment	Partial			X	X ^a	X ^a					
4.29	ar5159B-301 (18-19) ar5159B-302 (18-19) 9051-Part-C3			Regular UI	UCFE or UCX	Intrastate	Cont. Payment	Partial				X	X ^b					
4.30	ar5159B-301 (18-19) ar5159B-302 (18-19) 9051-Part-C7			Regular UI	UCFE or UCX	Interstate	Cont. Payment	Partial				X	X ^b					
4.31	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9051-Part-C4			Regular UI	UCX only	Intrastate	Cont. Payment	Partial					X					
4.32	ar5159B-301 (18, 20) ar5159B-302 (18, 20) 9051-Part-C8			Regular UI	UCX only	Interstate	Cont. Payment	Partial					X					
ADJUSTED PAYMENTS (4.33 through 4.42) 2) Supplemental sample--outliers by dollars																		
4.33	ar5159B-302 (15-16)			Regular UI	UI only	Intrastate	Adjustment	Total			X							
4.34	ar5159B-302 (15-17)			Regular UI	UI only	Interstate	Adjustment	Total			X							
4.35	ar5159B-302 (15, 16, 18)			Regular UI	UI/Federal	Intrastate	Adjustment	Total			X	X ^a	X ^a					
4.36	ar5159B-302 (15-18)			Regular UI	UI/Federal	Interstate	Adjustment	Total			X	X ^a	X ^a					
4.37	ar5159B-302 (18-19)			Regular UI	UCFE or UCX	NA	Adjustment	NA				X	X ^b					
4.38	ar5159B-302 (18, 20)			Regular UI	UCX only	NA	Adjustment	NA					X					
4.39	ar5159B-302-15			Regular UI	UI only	Intrastate	Adjustment	Partial			X							
4.40	ar5159B-302 (15, 17)			Regular UI	UI only	Interstate	Adjustment	Partial			X							
4.41	ar5159B-302 (15, 18)			Regular UI	UI/Federal	Intrastate	Adjustment	Partial			X	X ^a	X ^a					
4.42	ar5159B-302 (15, 17, 18)			Regular UI	UI/Federal	Interstate	Adjustment	Partial			X	X ^a	X ^a					

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1C)	2 (Step 1C)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G)	7 (Step 10D) (Step 10E)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Step 10E)	10 (Step 12A)	11 (Step 12B)	12 (Step 12C)	13 (Step 12D)	14 (Step 12E)	15 (Step 13)	16 (Step 14)	17 (Step 15)
Subpop #	Report, Line, and Column	SSN	Check Number Unique ID	Type of UI Program	Program Type	Intra/ Inter	Type of Compensat'n	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	Week End Date	Mail Date	Time Lapse
SELF-EMPLOYMENT PAYMENTS (4.43) 1) Stratified sample: First two cases																		
4.43	ar5159B-301-21 ar5159B-302-21			Regular UI	Self-employ	Both	All Payments and Supplements	NA							X			
CWC FIRST PAYMENTS (4.44 through 4.45) 1) Random sample: 30 or 100																		
4.44	586A-101 (4-5) 586B Column 8 (Total)			Regular UI	NA	Intrastate CWC	First Payment	NA						X				
4.45	586A-102 (4-5) 586B Column 9 (Total)			Regular UI	NA	Interstate CWC	First Payment	NA						X				
CWC CONTINUED PAYMENTS (4.46 through 4.47) 1) Stratified sample: First two cases from each subpopulation																		
4.46	586A-101 (4-5)			Regular UI	NA	Intrastate CWC	Cont. Payment	NA						X				
4.47	586A-102 (4-5)			Regular UI	NA	Interstate CWC	Cont. Payment	NA						X				
CWC ADJUSTED PAYMENTS (4.48 through 4.49) 1) Stratified sample: First two cases from each subpopulation																		
4.48	586A-101-5			Regular UI	NA	Intrastate CWC	Adjustment	NA						X				
4.49	586A-102-5			Regular UI	NA	Interstate CWC	Adjustment	NA						X				
CWC PRIOR WEEKS COMPENSATED (4.50 through 4.51) 1) Stratified sample: First two cases from each subpopulation																		
4.50	586A-101 (6-7)			Regular UI	NA	Intrastate CWC	Prior Week Comp.	NA						X				
4.51	586A-102 (6-7)			Regular UI	NA	Interstate CWC	Prior Week Comp.	NA						X				

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1C)	2 (Step 1C)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G)	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemploy- ment	8 (Step 10D) (Step 10E)	9 (Step 10D) (Step 10E)	10 (Step 12A)	11 (Step 12B)	12 (Step 12C)	13 (Step 12D)	14 (Step 12E)	15 (Step 13)	16 (Step 14)	17 (Step 15)
Subpop #	Report, Line, and Column	SSN	Check Number Unique ID	Type of UI Program	Program Type	Intra/ Inter	Type of Compensat'n		Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self- Employ Amount	Week End Date	Mail Date	Time Lapse
WORKSHARE PAYMENTS (4.52 through 4.53) 1) Stratified sample: First two cases from each subpopulation																		
4.52	aw5159-301-14 aw5159-302-14 9050-Total-C1			Workshare	NA	NA	First Payment	NA			X							
4.53	aw5159-301-14 aw5159-302-14 9051-Total-C1			Workshare	NA	NA	Cont. Payment	NA			X							
4.54				Extended Benefits														

^aEither the UCFE or UCX amount (or both) must be entered.

^bThere may not be a UCX amount..

^cThis table will be expanded to include additional subpopulations for extended benefit claims to match relevant cells on the 5159AE.

NOTE: For Joint Claims, Column 10 represents the UI portion of the payment, and Columns 11 and 12 represent the Federal portion of the payment

The term supplement includes supplemental payments, partial offset payments, and negative adjustments. Observations reported in all populations of first and continued payments (column 2) will be sorted by time lapse days in ascending order and subtotalled by time lapse categories. Observations reported in all populations of supplemental payments will be sorted by SSN.

See Module 2 for an explanation of the sampling methodologies.

**RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS ON PRINTOUT 4
AND ETA 9050, ETA 9051, AND ETA 586B PAYMENTS TIME LAPSE**

	Intrastate					Interstate			
	Workshare (Total) C1	UI C2	UCFE C3	UCX C4	(586B-TOTAL) CWC (8)	UI C6	UCFE C7	UCX C8	(586B-TOTAL) CWC (9)
All First Payments 9050 (All)	52	1, 3, 9, and 11	5 and 13	7 and 15	44	2, 4, 10, and 12	6 and 14	8 and 16	45
Partial First Payments 9050 (Part)		9 and 11	13	15		10 and 12	14	16	
All Continued Payments 9051 (All)	53	17, 19, 25, and 27	21 and 29	23 and 31		18, 20, 26, and 28	22 and 30	24 and 32	
Partial Continued Payments 9051 (Part)		25 and 27	29	31		26 and 28	30	32	

**RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS ON PRINTOUT 4 AND ETA AR5159B REPORTING CELLS
WEEKS COMPENSATED**

ar5159 Section B	State UI Program ^a			UCFE and UCX Programs			Self-employment All Programs (21)
	All Weeks Compensated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE - No UI (19)	UCX Only (20)	
Number 301	1 - 4 9 - 12 17 - 20 25 - 28	1 - 4 17 - 20	2, 4, 10, 12 18, 20, 26, 28	3 - 8 11 - 16 19 - 24 27 - 32	5 - 6 13 - 14 21 - 22 29 - 30	7 - 8 15 - 16 23 - 24 31 - 32	43
Amount ^b 302	Column 10 1 - 4 9 - 12 17 - 20 25 - 28 33 - 36 39 - 42	Column 10 1 - 4 17 - 20 33 - 36	Column 10 2, 4, 10, 12 18, 20, 26, 28 34, 36, 40, 42	Columns 11 & 12 3 - 8 11 - 16 19 - 24 27 - 32 35 - 38 41 - 42	Column 11 ^c 5 - 6 13 - 14 21 - 22 29 - 30 37	Column 12 ^d 7 - 8 15 - 16 23 - 24 31 - 32 38	43

^aIf joint claim, then only includes the UI share of the payment.

^bAdd the dollar amounts from the appropriate column.

^cIncludes all payments from UCFE funds.

^dIncludes all payments from UCX funds.

RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS ON PRINTOUT 4 AND ETA 586A REPORTING CELLS

PAYMENT ACTIVITY

State UI	Line No.	Weeks Compensated (4)	Benefits Paid (5)	Prior Weeks Compensated (6)	Prior Benefits Paid (7)
Intrastate	101	44 and 46	44, 46, 48	50	50
Interstate Recvd. as Paying State	102	45 and 47	45, 47, 49	51	51

RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS ON PRINTOUT 4 AND ETA AW5159B REPORTING CELLS

Section B. Payment Activities		
Items		Weeks Compensated
		State UI Program
		All Weeks Compensated
		(14)
Number	301	52 and 53
Amount	302	52 and 53

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
SINGLE CLAIMANT NON-MONETARY DETERMINATIONS (5.1 through 5.60)															
1) Random sample: 30 or 100; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers															
5.1	207: A 101-2; B 201-8 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	VL						Allow
5.2	207: A 101-2; B 201-9 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	MC						Allow
5.3	207: A 101-2; B 201-10 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	Sep/Other						Allow
5.4	207: A 101-2; C 301-12 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	A & A						Allow
5.5	207: A 101-2; C 301-13 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Ded. Income						Allow
5.6	207: A 101-2; C 301-14 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Suitable Work						Allow
5.7	207: A 101-2; C 301-15 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Reporting						Allow
5.8	207: A 101-2; C 301-16 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Profiling						Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.9	207: A 101-2; C 301-17 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Other Nonsep						Allow
5.10	207: A 101-2; B 201-8 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	VL						Allow
5.11	207: A 101-2; B 201-9 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	MC						Allow
5.12	207: A 101-2; B 201-10 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	Sep/Other						Allow
5.13	207: A 101-2; C 301-12 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	A & A						Allow
5.14	207: A 101-2; C 301-13 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Ded. Income						Allow
5.15	207: A 101-2; C 301-14 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Suitable Work						Allow
5.16	207: A 101-2; C 301-15 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Reporting						Allow
5.17	207: A 101-2; C 301-16 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Profiling						Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.18	207: A 101-2; C 301-17 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Other Nonsep						Allow
5.19	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	VL						Deny
5.20	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	MC						Deny
5.21	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C2; 9053A-C2			Regular UI	UI	Intrastate	Determination	Single	Sep/Other						Deny
5.22	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	A & A						Deny
5.23	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Ded. Income						Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi- claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.24	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Suitable Work						Deny
5.25	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Reporting						Deny
5.26	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Profiling						Deny
5.27	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C98; 9053B-C98			Regular UI	UI	Intrastate	Determination	Single	Other Nonsep						Deny
5.28	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	VL						Deny
5.29	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	MC						Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi- claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.30	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C6; 9053A-C6			Regular UI	UI	Interstate	Determination	Single	Sep/Other						Deny
5.31	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	A & A						Deny
5.32	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Ded. Income						Deny
5.33	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Suitable Work						Deny
5.34	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Reporting						Deny
5.35	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Profiling						Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi- claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.36	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C102; 9053B-C102			Regular UI	UI	Interstate	Determination	Single	Other Nonsep						Deny
5.37	207: A 103-1; B 203-8 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	VL						Allow
5.38	207: A 103-1; B 203-9 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	MC						Allow
5.39	207: A 103-1; B 203-10 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	Other Sep						Allow
5.40	207A-103-1 9052B-C99; 9053B-C99			Regular UI	UCFE	Intrastate	Determination	Single	Nonsep						Allow
5.41	207: A 103-1; B 203-8 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	VL						Allow
5.42	207: A 103-1; B 203-9 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	MC						Allow
5.43	207: A 103-1; B 203-10 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	Other Sep						Allow
5.44	207A-103-1 9052B-C103; 9053B-C103			Regular UI	UCFE	Interstate	Determination	Single	Nonsep						Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.45	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	VL						Deny
5.46	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	MC						Deny
5.47	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C3; 9053A-C3			Regular UI	UCFE	Intrastate	Determination	Single	Other Sep						Deny
5.48	207A: 103-1; 104-1 9052B-C99; 9053B-C99			Regular UI	UCFE	Intrastate	Determination	Single	Nonsep						Deny
5.49	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	VL						Deny
5.50	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	MC						Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.51	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C7; 9053A-C7			Regular UI	UCFE	Interstate	Determination	Single	Other Sep						Deny
5.52	207A: 103-1; 104-1 9052B-C103; 9053B-C103			Regular UI	UCFE	Interstate	Determination	Single	Nonsep						Deny
5.53	207A-105-1 9052A-C4; 9053A-C4			Regular UI	UCX	Intrastate	Determination	Single	Sep						Allow
5.54	207A-105-1 9052B-C100; 9053B-C100			Regular UI	UCX	Intrastate	Determination	Single	Nonsep						Allow
5.55	207A-105-1 9052A-C8; 9053A-C8			Regular UI	UCX	Interstate	Determination	Single	Sep						Allow
5.56	207A-105-1 9052B-C104; 9053B-C104			Regular UI	UCX	Interstate	Determination	Single	Nonsep						Allow
5.57	207A: 105-1; 106-1 9052A-C4; 9053A-C4			Regular UI	UCX	Intrastate	Determination	Single	Sep						Deny
5.58	207A: 105-1; 106-1 9052B-C100; 9053B-C100			Regular UI	UCX	Intrastate	Determination	Single	Nonsep						Deny
5.59	207A: 105-1; 106-1 9052A-C8; 9053A-C8			Regular UI	UCX	Interstate	Determination	Single	Sep						Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) SSN	2 (Step 1D) Issue Number (Unique ID)	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 16) Determination/ Redetermination	7 (Step 17) Single Claimant Multi-claimant ^a	8 (Step 18) Issue Types	9 (Step 19) First Week Affected	10 (Step 20) Detection Date	11 (Step 21) Notice Date	12 (Step 22A) T.L. 1 Detection Notice	13 (Step 22B) T.L. 2 Week Affected Detection	14 (Step 23) Allow Deny
5.60	207A: 105-1; 106-1 9052B-C104; 9053B-C104			Regular UI	UCX	Interstate	Determination	Single	Nonsep						Deny
MULTI-CLAIMANT NON-MONETARY DETERMINATIONS (5.61 through 5.64) 1) Stratified Sample: First two cases from each subpopulation															
5.61	207A-101-5 9052C-C193; 9053C-C193			Regular UI			Determination	Multi	Labor Dispute						Allow
5.62	207A: 101-5; 102-5 9052C-C193; 9053C-C193			Regular UI			Determination	Multi	Labor Dispute						Deny
5.63	207A-101-6 9052C-C194; 9053C-C194			Regular UI			Determination	Multi	Other						Allow
5.64	207A: 101-6; 102-6 9052C-C194; 9053C-C194			Regular UI			Determination	Multi	Other						Deny
REDETERMINATIONS (5.65 through 5.70) 1) Random Sample: 30 or 100															
5.65	207A-101-3			Regular UI	UI	Both	Redetermination	Single	All						Allow or Affirmed
5.66	207A: 101-3; 102-3			Regular UI	UI	Both	Redetermination	Single	All						Deny
5.67	207A-103-1			Regular UI	UCFE	Both	Redetermination	Single	All						Allow or Affirmed
5.68	207A: 103-1; 104-1			Regular UI	UCFE	Both	Redetermination	Single	All						Deny
5.69	207A-105-1			Regular UI	UCX	Both	Redetermination	Single	All						Allow or Affirmed
5.70	207A: 105-1; 106-1			Regular UI	UCX	Both	Redetermination	Single	All						Deny

VALIDATION POPULATION 5
NON-MONETARY DETERMINATIONS AND REDETERMINATIONS
NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1D)	2 (Step 1D)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 16)	7 (Step 17)	8 (Step 18)	9 (Step 19)	10 (Step 20)	11 (Step 21)	12 (Step 22A)	13 (Step 22B)	14 (Step 23)
Sub pop #	Report, Line, and Column	SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Single Claimant Multi- claimant ^a	Issue Types	First Week Affected	Detection Date	Notice Date	T.L. 1 Detection Notice	T.L. 2 Week Affected Detection	Allow Deny
				Table 5 Repeats for Extended Non-Monetary Determinations											

^aFor multiclaimants, print the number of claimants involved.

NOTE: See Module 2 for an explanation of the sampling methodologies.

**RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 5
AND ETA 207 REPORTING CELLS**

207 SECTION A			Total dets and redets (1)	dets (2)	redets (3)	multi-labor (5)	multi-other (6)
UI	Dets	101		1-36	65-66	61-62	63-64
UI	Denials	102		19-36	66	62 (Column 7) ^a	64 (Column 7) ^a
UCFE	Dets	103	37-52 67-68				
UCFE	Denials	104	45-52 68				
UCX	Dets	105	53-60 69-70				
UCX	Denials	106	57-60 70				

207 SECTION B	Total Seps (7)	VL (8)	MC (9)	Other Sep (10)
UI	Dets 201	1, 10 19, 28	2, 11 20, 29	3, 12 21, 30
UI	Denials 202	19, 28	20, 29	21, 30
UCFE	Dets 203	37, 41 45, 49	38, 42 46, 50	39, 43 47, 51
UCFE	Denials 204	45, 49	46, 50	47, 51

207 SECTION C	Total Nonseps (11)	A & A (12)	Ded. Income (13)	Suit. Work (14)	Reporting (15)	Profiling (16)	Other (17)
UI	Dets 301	4, 13, 22, 31	5, 14, 23, 32	6, 15, 24, 33	7, 16, 25, 34	8, 17, 26, 35	9, 18, 27, 36
UI	Denials 302	22, 31	23, 32	24, 33	25, 34	26, 35	27, 36

^aAdd the number of multclaimants involved.

**RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 5
AND PMR ADJUDICATIONS TIME LAPSE REPORTING CELLS**

		Separation 9052A 9053A						Non-Separation 9052B 9053B						Labor Dispute C193	Other C194
		Intrastate			Interstate			Intrastate			Interstate				
		UI C2	UCFE C3	UCX C4	UI C6	UCFE C7	UCX C8	UI C98	UCFE C99	UCX C100	UI C102	UCFE C103	UCX C104		
Single Claimant	9052 9053	1-3 19-21	37-39 45-47	53 57	10-12 28-30	41-43 49-51	55 59	4-9 22-27	40 48	54 58	13-18 31-36	44 52	56 60		
Multi- claimant	9052C 9053C													61 62	63 64

NOTE: There are 11 time lapse categories in each of these table cells.

VALIDATION POPULATION 6

APPEALS FILED - LOWER

Subpop #	ETA ar5130B Line and Column	1 (Step 1E) SSN	2 (Step 1E) Docket Number Unique ID	3 (Step 24A) Lower Authority Appeal	4 (Step 25A) (Step 25B) Single or Multiclaimgant	5 (Step 25B) Number of Claimants	6 (Step 32) Date Filed
LOWER AUTHORITY APPEALS FILED (6.1 through 6.2) 1) Stratified sample: First two cases from each subpopulation							
6.1	200-8				Single Claimant	NA	
6.2	200-10				Number of Claimants Involved in Multiclaimgant Appeal ^a		

^aStates can list each claimant involved in multiclaimgant appeals or just provide the number of claimants based on how the files are stored in the system.

NOTE: See Module 2 for an explanation of the sampling methodologies.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 6 AND ETA AR5130B REPORTING CELLS

Line No.	Status of Appeals	Single Claimant Appeals	Multi-Claimant Appeals
		Lower Authority (8)	Lower Authority (10)
200	Filed During Month	1	2

VALIDATION POPULATION 7

APPEALS FILED - HIGHER

Subpop #	ETA ar5130B Line and Column	1 (Step 1E) SSN	2 (Step 1E) Docket Number Unique ID	3 (Step 24B) Higher Authority Appeal	4 (Step 25A) (Step 25B) Single or Multiclient	5 (Step 25B) Number of Claimants	6 (Step 32) Date Filed
HIGHER AUTHORITY APPEALS FILED (7.1 through 7.2) 1) Stratified sample: First two cases from each subpopulation							
7.1	200-9				Single Claimant	NA	
7.2	200-11				Number of Claimants Involved in Multiclient Appeal ^a		

^aStates can list each claimant involved in multiclient appeals or just provide the number of claimants based on how the files are stored in the system.

NOTE: See Module 2 for an explanation of the sampling methodologies.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 7 AND ETA AR5130B REPORTING CELLS

Line No.	Status of Appeals	Single Claimant Appeals	Multi-Claimant Appeals
		Higher Authority (9)	Higher Authority (11)
200	Filed During Month	1	2

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24A) Lower Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi- claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor Of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision	15 (Step 31) Issue Code
SINGLE CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.1 through 8.44) 1) Random sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata (8.33 through 8.40 only); 3) Supplemental sample--outliers																
8.1	ar5130: A-100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-21 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	Yes					V.Q.
8.2	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-21 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	Yes					V.Q.
8.3	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-21 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	No					V.Q.
8.4	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-21 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	No					V.Q.
8.5	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-21 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	Yes					V.Q.
8.6	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-21 9054A-C3			Reg. UI	UI	Interstate		S		Employer	Yes					V.Q.
8.7	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-21 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	No					V.Q.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24A) Lower Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi- claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor Of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision	15 (Step 31) Issue Code
8.8	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-21 9054A-C3			Reg. UI	UI	Interstate		S		Employer	No					V.Q.
8.9	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-22 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	Yes					M.C.
8.10	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-22 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	Yes					M.C.
8.11	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-22 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	No					M.C.
8.12	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-22 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	No					M.C.
8.13	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-22 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	Yes					M.C.
8.14	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-22 9054A-C3			Reg. UI	UI	Interstate		S		Employer	Yes					M.C.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

		1 (Step 1E)	2 (Step 1E)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 24A)	7 (Step 25A) (Step 25B)	8 (Step 25B)	9 (Step 26)	10 (Step 27)	11 (Step 32)	12 (Step 28)	13 (Step 29A)	14 (Step 30A)	15 (Step 31)
Subpop	Report, Line, and Column	SSN	Docket # Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Lower Authority Appeal	Single Claimant Multi- claimant	Multi- claimants	Appellant	In Favor Of Appellant	Filed Date	Decision Date	Time Lapse	Disposed of by Decision	Issue Code
8.15	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-22 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	No					M.C.
8.16	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-22 9054A-C3			Reg. UI	UI	Interstate		S		Employer	No					M.C.
8.17	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-23 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	Yes					Suit.
8.18	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	Yes					Suit.
8.19	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-23 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	No					Suit.
8.20	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	No					Suit.
8.21	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-23 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	Yes					Suit.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24A) Lower Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi- claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor Of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision	15 (Step 31) Issue Code
8.22	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C3			Reg. UI	UI	Interstate		S		Employer	Yes					Suit.
8.23	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-23 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	No					Suit.
8.24	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C3			Reg. UI	UI	Interstate		S		Employer	No					Suit.
8.25	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	Yes					A & A
8.26	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-24 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	Yes					A & A
8.27	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	No					A & A
8.28	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	No					A & A

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24A) Lower Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi- claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor Of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision	15 (Step 31) Issue Code
8.29	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	Yes					A & A
8.30	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-24 9054A-C3			Re g. UI	UI	Interstate		S		Employer	Yes					A & A
8.31	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	No					A & A
8.32	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24 9054A-C3			Reg. UI	UI	Interstate		S		Employer	No					A & A
8.33	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	Yes					Other
8.34	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	Yes					Other
8.35	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-26 9054A-C2			Reg. UI	UI	Intrastate		S		Claimant	No					Other

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

		1 (Step 1E)	2 (Step 1E)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 24A)	7 (Step 25A) (Step 25B)	8 (Step 25B)	9 (Step 26)	10 (Step 27)	11 (Step 32)	12 (Step 28)	13 (Step 29A)	14 (Step 30A)	15 (Step 31)
Subpop	Report, Line, and Column	SSN	Docket # Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Lower Authority Appeal	Single Claimant Multi- claimant	Multi- claimants	Appellant	In Favor Of Appellant	Filed Date	Decision Date	Time Lapse	Disposed of by Decision	Issue Code
8.36	ar5130: A 100-1; B 210-8; ar5130: C 300-16; D 400-26 9054A-C2			Reg. UI	UI	Intrastate		S		Employer	No					Other
8.37	ar5130: A 100-1; B 210-8; ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	Yes					Other
8.38	ar5130: A 100-1; B 210-8; ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C3			Reg. UI	UI	Interstate		S		Employer	Yes					Other
8.39	ar5130: A 100-1; B 210-8; ar5130: C 300-14; D 400-26 9054A-C3			Reg. UI	UI	Interstate		S		Claimant	No					Other
8.40	ar5130: A 100-1; B 210-8; ar5130: C 300-16; D 400-26 9054A-C3			Reg. UI	UI	Interstate		S		Employer	No					Other

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

		1 (Step 1E)	2 (Step 1E)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 24A)	7 (Step 25A) (Step 25B)	8 (Step 25B)	9 (Step 26)	10 (Step 27)	11 (Step 32)	12 (Step 28)	13 (Step 29A)	14 (Step 30A)	15 (Step 31)
Subpop	Report, Line, and Column	SSN	Docket # Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Lower Authority Appeal	Single Claimant Multi- claimant	Multi- claimants	Appellant	In Favor Of Appellant	Filed Date	Decision Date	Time Lapse	Disposed of by Decision	Issue Code
8.41 ^a	ar5130A-100-3 9054A-C2			Reg. UI	UCFE	Intrastate		S								
8.42 ^a	ar5130A-100-3 9054A-C3			Reg. UI	UCFE	Interstate		S								
8.43 ^a	ar5130A-100-5 9054A-C2			Reg. UI	UCX	Intrastate		S								
8.44 ^a	ar5130A-100-5 9054A-C3			Reg. UI	UCX	Interstate		S								
MULTI-CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.45 through 8.55) 1) Stratified sample: First two cases from each subpopulation (includes review of folders)																
8.45	ar5130: A 100-1; B 210-10 ar5130C: 300-14; 310-14 ar5130D-400-25 9054A-C2			Reg. UI	UI	Intrastate		M	1	Claimant	Yes					Labor Disp.
8.46	ar5130: A 100-1; B 210-10 ar5130C: 300-16; 310-16 ar5130D-400-25 9054A-C2			Reg. UI	UI	Intrastate		M	1	Employer	Yes					Labor Disp.
8.47	ar5130: A 100-1; B 210-10 ar5130: C 300-14; D 400-25 9054A-C2			Reg. UI	UI	Intrastate		M	1	Claimant	No					Labor Disp.
8.48	ar5130: A 100-1; B 210-10 ar5130: C 300-16; D 400-25 9054A-C2			Reg. UI	UI	Intrastate		M	1	Employer	No					Labor Disp.
8.49	ar5130: A 100-1; B 210-10 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C2			Reg. UI	UI	Intrastate		M	1	Claimant	Yes					Other

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24A) Lower Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi- claimant	8 (Step 25B) Multi- claimants	9 (Step 26) Appellant	10 (Step 27) In Favor Of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision	15 (Step 31) Issue Code
8.50	ar5130: A 100-1; B 210-10 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2			Reg. UI	UI	Intrastate		M	1	Employer	Yes					Other
8.51	ar5130: A 100-1; B 210-10 ar5130: C 300-14; D 400-26 9054A-C2			Reg. UI	UI	Intrastate		M	1	Claimant	No					Other
8.52	ar5130: A 100-1; B 210-10 ar5130: C 300-16; D 400-26 9054A-C2			Reg. UI	UI	Intrastate		M	1	Employer	No					Other
8.53	ar5130B-210-10			Reg. UI	UI	Intrastate		M	0							
8.54	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18; 310-18 9054A-C2			Reg. UI	UI	Intrastate		Both	I	Other	Yes					
8.55	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18 9054A-C2			Reg. UI	UI	Intrastate		Both	1	Other	No					
8.56	Repeats for Extended Benefits															

^aIf a UCFE or UCX multiclaimgant appeal is decided, report as a separate population.

NOTE: See Module 2 for an explanation of the sampling methodologies.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 8 AND ETA AR5130 REPORTING CELLS

SECTION A. Single Claimant and Multiclaimgant Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Lower Authority (1)	Lower Authority (3)	Lower Authority (5)
100	1-40 45-52 54-55	41-42 ^a	43-44 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

		Single Claimant Appeals	Multi-Claimant Appeals
Line No.	Status of Appeals	Lower Authority (8)	Lower Authority (10)
210	Disposed of During Month	1-40 54-55 ^b	45-53 54-55 ^c

SECTION C. State UI Appeals Decisions by Type of Appellant

		Claimant	Employer	Other
Line No.	UI Appeals Decisions	Lower Authority (14)	Lower Authority (16)	Lower Authority (18)
300	Total	1, 3, 5, 7 9, 11, 13, 15 17, 19, 21, 23 25, 27, 29, 31 33, 35, 37, 39 45, 47, 49, 51	2, 4, 6, 8 10, 12, 14, 16 18, 20, 22, 24 26, 28, 30, 32 34, 36, 38, 40 46, 48, 50, 52	54-55
310	In favor of Appellant	1, 5, 9, 13 17, 21, 25, 29 33, 37, 45, 49	2, 6, 10, 14 18, 22, 26, 30 34, 38, 46, 50	54

SECTION D. Number of Lower Authority State UI Appeals Decisions by Issue

Line No.	Voluntary Quit (21)	Misconduct (22)	Refusal of Suitable Work (23)	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400	1-8	9-16	17-24	25-32	45-48	33-40 49-52

^aAlso includes multiclaimgant UCFE and UCX decision subpopulations that are not listed.

^bSingle claimant only

^cMulticlaimgant only

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 8 AND ETA 9054A REPORTING CELLS

Section A. Lower Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4 9-12 17-20 25-28 33-36 41, 43 45-52 54-55	5-8 13-16 21-24 29-32 37-40 42, 44

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1F) SSN	2 (Step 1F) Docket Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24B) Higher Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi-claimant	8 (Step 25B) Multi-claimants	9 (Step 26) Appellant	10 (Step 27) In Favor of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision
SINGLE CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.1 through 9.12) 1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample--outliers															
9.1	ar5130: A 100-2 B 210-9 ar5130C: 300-15 310-15 9054B-C2			Reg. UI	UI	Intra		S	NA	Claimant	Yes				
9.2	ar5130: A 100-2 B 210-9 ar5130C: 300-17 310-17 9054B-C2			Reg. UI	UI	Intra		S	NA	Employer	Yes				
9.3	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C2			Reg. UI	UI	Intra		S	NA	Claimant	No				
9.4	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C2			Reg. UI	UI	Intra		S	NA	Employer	No				
9.5	ar5130: A 100-2 B 210-9 ar5130C: 300-15 310-15 9054B-C3			Reg. UI	UI	Inter		S	NA	Claimant	Yes				
9.6	ar5130: A 100-2 B 210-9 ar5130C: 300-17 310-17 9054B-C3			Reg. UI	UI	Inter		S	NA	Employer	Yes				
9.7	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C3			Reg. UI	UI	Inter		S	NA	Claimant	No				

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1F) SSN	2 (Step 1F) Docket Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24B) Higher Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi-claimant	8 (Step 25B) Multi-claimants	9 (Step 26) Appellant	10 (Step 27) In Favor of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision
9.8	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C3			Reg. UI	UI	Inter		S	NA	Employer	No				
9.9 ^a	ar5130A-100-4 9054B-C2			Reg. UI	UCFE	Intra		S	NA	NA	NA				
9.10 ^a	ar5130A-100-4 9054B-C3			Reg. UI	UCFE	Inter		S	NA	NA	NA				
9.11 ^a	ar5130A-100-6 9054B-C2			Reg. UI	UCX	Intra		S	NA	NA	NA				
9.12 ^a	ar5130A-100-6 9054B-C3			Reg UI	UCX	Inter		S	NA	NA	NA				
MULTI-CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.13 through 9.23) 1) Stratified sample: First two cases from each subpopulation (includes review of folders)															
9.13	ar5130: A 100-2 B 210-11 ar5130C: 300-15 310-15 9054B-C2			Reg. UI	UI	Intra		M	1	Claimant	Yes				
9.14	ar5130: A 100-2 B 210-11 ar5130C: 300-17 310-17 9054B-C2			Reg. UI	UI	Intra		M	1	Employer	Yes				
9.15	ar5130: A 100-2 B 210-11 ar5130C-300-15 9054B-C2			Reg. UI	UI	Intra		M	1	Claimant	No				
9.16	ar5130: A 100-2 B 210-11 ar5130C-300-17 9054B-C2			Reg. UI	UI	Intra		M	1	Employer	No				

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1F) SSN	2 (Step 1F) Docket Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 24B) Higher Authority Appeal	7 (Step 25A) (Step 25B) Single Claimant Multi-claimant	8 (Step 25B) Multi-claimants	9 (Step 26) Appellant	10 (Step 27) In Favor of Appellant	11 (Step 32) Filed Date	12 (Step 28) Decision Date	13 (Step 29A) Time Lapse	14 (Step 30A) Disposed of by Decision
9.17	ar5130: A 100-2 ar5130C: B 210-11 9054B-C3 300-15 310-15			Reg. UI	UI	Inter		M	1	Claimant	Yes				
9.18	ar5130: A 100-2 ar5130C: B 210-11 9054B-C3 300-17 310-17			Reg. UI	UI	Inter		M	1	Employer	Yes				
9.19	ar5130: A 100-2 ar5130C-300-15 9054B-C3 B 210-11			Reg. UI	UI	Inter		M	1	Claimant	No				
9.20	ar5130: A 100-2 ar5130C-300-17 9054B-C3 B 210-11			Reg. UI	UI	Inter		M	1	Employer	No				
9.21	ar5130B-210-11			Reg. UI	UI	N/A		M	0	NA	NA				
9.22	ar5130A: 100-2 ar5130B: 210-9 ar5130C: 210-11 9054B-C2 300-19			Reg. UI	UI	Intra		Both	All	Other	All				
9.23	ar5130A: 100-2 ar5130B: 210-9 ar5130C: 210-11 9054B-C2 300-19			Reg. UI	UI	Intra		Both	All	Other	All				
9.24	Repeats for Extended Benefits														

^aIf a UCFE or UCX multclaimant appeal is decided, report as a separate population.

NOTE: See Module 2 for an explanation of the sampling methodologies.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 9 AND AR5130 REPORTING CELLS

SECTION A. Single Claimant and Multiclaimgant Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Higher Authority (2)	Higher Authority (4)	Higher Authority (6)
100	1-8 13-20 22-23	9-10 ^a	11-12 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

		Single Claimant Appeals	Multi-Claimant Appeals
Line No.	Status of Appeals	Higher Authority (9)	Higher Authority (11)
210	Disposed of During Month	1-8 22-23 ^b	13-21 22-23 ^c

SECTION C. State UI Appeals Decisions by Type of Appellant

		Claimant	Employer	Other
Line No.	UI Appeals Decisions	Higher Authority (15)	Higher Authority (17)	Higher Authority (19)
300	Total	1, 3 5, 7 13, 15 17, 19	2, 4 6, 8 14, 16 18, 20	22-23
310	In favor of Appellant	1, 5 13, 17	2, 6 14, 18	

^aAlso includes multiclaimgant UCFE and UCX decisions subpopulations that are not listed.

^bSingle claimant only

^cMulticlaimgant only

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 9 AND ETA 9054B REPORTING CELLS

Section B. Higher Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4 9, 11 13-16 22-23	5-8 10, 12 17-20

VALIDATION POPULATION 10
LOWER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

Subpopulation #	ETA 9055A Column	1 (Step 1E) SSN	2 (Step 1E) Docket # Unique ID	3 (Step 24A) Lower Authority Appeal	4 (Step 29B) Time Lapse	5 (Step 30B) Appeal Pending	6 (Step 32) Filed Date
LOWER AUTHORITY APPEALS CASE AGING (10.1 through 10.7) 1) Supplemental sample--outliers							
10.1	C1				0 to 25		
10.2	C1				26 to 40		
10.3	C1				41 to 90		
10.4	C1				91 to 121		
10.5	C1				121 to 180		
10.6	C1				181 to 360		
10.7	C1				GT 360		
10.8					Repeats for Extended Benefits		

NOTE: See Module 2 for an explanation of the sampling methodology.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 10 AND ETA 9055 REPORTING CELLS

Section A. LOWER AUTHORITY APPEALS CASE AGING

Days	Total
Total	C1
	10.1-10.7

VALIDATION POPULATION 11
HIGHER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

Subpopulation #	ETA 9055B Column	1 (Step 1F) SSN	2 (Step 1F) Docket # Unique ID	3 (Step 24B) Higher Authority Appeal	4 (Step 29B) Time Lapse	5 (Step 30B) Appeal Pending	6 (Step 32) Filed Date
HIGHER AUTHORITY APPEALS CASE AGING (11.1 through 11.6) 1) Supplemental sample--outliers							
11.1	C1				0 to 40		
11.2	C1				41 to 70		
11.3	C1				71 to 120		
11.4	C1				121 to 180		
11.5	C1				181 to 360		
11.6	C1				GT 360		
11.7			Repeats for Extended Benefits				

NOTE: See Module 2 for an explanation of the sampling methodology.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 11 AND ETA 9055 REPORTING CELLS

Section B. HIGHER AUTHORITY APPEALS CASE AGING

Days	Total
Total	C1
	11.1-11.6

VALIDATION POPULATION 12

OVERPAYMENTS ESTABLISHED - SORTED BY CAUSES ETA 227 - SECTION A

Subpop #	ETA 227A Line and Column	1 (Step 1G) SSN	2 (Step 1G) Unique ID	3 (Step 4) Program Type	4 (Step 33) Type of Overpayment	5 (Step 34) Cause of Overpayment	6 (Step 35) Detection Type	7 (Step 36) Date Overpayment Established	8 (Step 37) UI Amount	9 (Step 37) Federal Amount ^a
OVERPAYMENTS (12.1 through 12.14)										
1) Random Sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers by dollars										
12.1	101 (1, 3)			UI	Fraud					
12.2	102 (1, 3)			UI	Nonfraud	Reversals				
12.3	103 (1, 3)			UI	Nonfraud	SESA Errors				
12.4	104 (1, 3)			UI	Nonfraud	Employer Errors				
12.5	105 (1, 3)			UI	Nonfraud	Claimant Errors				
12.6	106 (1, 3)			UI	Nonfraud	Administrative Penalty				
12.7	107 (1, 3)			UI	Nonfraud	Other				
12.8	101 (2, 4)			UCFE or UCX	Fraud					
12.9	102 (2, 4)			UCFE or UCX	Nonfraud	Reversals				
12.10	103 (2, 4)			UCFE or UCX	Nonfraud	SESA Errors				
12.11	104 (2, 4)			UCFE or UCX	Nonfraud	Employer Errors				
12.12	105 (2, 4)			UCFE or UCX	Nonfraud	Claimant Errors				

VALIDATION POPULATION 12

OVERPAYMENTS ESTABLISHED - SORTED BY CAUSES ETA 227 - SECTION A

Subpop #	ETA 227A Line and Column	1 (Step 1G) SSN	2 (Step 1G) Unique ID	3 (Step 4) Program Type	4 (Step 33) Type of Overpayment	5 (Step 34) Cause of Overpayment	6 (Step 35) Detection Type	7 (Step 36) Date Overpayment Established	8 (Step 37) UI Amount	9 (Step 37) Federal Amount ^a
12.13	106 (2, 4)			UCFE or UCX	Nonfraud	Administrative Penalty				
12.14	107 (2, 4)			UCFE or UCX	Nonfraud	Other				

^aFor Subpopulations 12.1 through 12.7, the federal amount is the federal share of the joint claim.

NOTE: See Module 2 for an explanation of the sampling methodology.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 12 AND ETA 227

REPORTING CELLS

A. PAGE 1 OF FORM

SECTION A: NUMBER AND AMOUNTS OF OVERPAYMENTS ESTABLISHED

Item		Line No.	Number of Cases		Dollar Amounts	
			UI (1)	UCFE/X (2)	Column 8 UI (3)	Column 9 UCFE/X (4)
Total Fraud Overpayments		101	1	8	1	1 and 8
Nonfraud Overpayments	Reversals (JAVA)	102	2	9	2	2 and 9
	SESA Errors	103	3	10	3	3 and 10
	Employer Errors	104	4	11	4	4 and 11
	Claimant Errors	105	5	12	5	5 and 12
	Admin. Penalty	106	6	13	6	6 and 13
	Other	107	7	14	7	7 and 14

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) SSN	2 (Step 1H) Unique ID	3 (Step 4) Program Type	4 (Step 33) Type of Overpayment	6 (Step 38) Activity	5 (Step 39) Date of Activity	7 (Step 40) UI Amount	8 (Step 40) Federal Amount ^a
OVERPAYMENT RECONCILIATION TRANSACTIONS (13.1 through 13.22)									
1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample-missing strata; 3) Supplemental sample--outliers by dollars									
13.1	202 (9)			UI	Fraud	Recovered Cash			
13.2	203 (9)			UI	Fraud	Recovered Offset			
13.3	205 (5, 9)			UI	Fraud	Written-Off			
13.4	206 (9)			UI	Fraud	Additions			
13.5	207 (5, 9)			UI	Fraud	Subtractions			
13.6	202 (10)			UCFE/UCX	Fraud	Recovered Cash			
13.7	203 (10)			UCFE/UCX	Fraud	Recovered Offset			
13.8	205 (6, 10)			UCFE/UCX	Fraud	Written-Off			
13.9	206 (10)			UCFE/UCX	Fraud	Additions			
13.10	207 (6, 10)			UCFE/UCX	Fraud	Subtractions			
13.11	202 (11)			UI	Nonfraud	Recovered Cash			

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) SSN	2 (Step 1H) Unique ID	3 (Step 4) Program Type	4 (Step 33) Type of Overpayment	6 (Step 38) Activity	5 (Step 39) Date of Activity	7 (Step 40) UI Amount	8 (Step 40) Federal Amount ^a
13.12	203 (11)			UI	Nonfraud	Recovered Offset			
13.13	204 (7, 11)			UI	Nonfraud	Waived			
13.14	205 (7, 11)			UI	Nonfraud	Written-Off			
13.15	206 (11)			UI	Nonfraud	Additions			
13.16	207 (7, 11)			UI	Nonfraud	Subtractions			
13.17	202 (12)			UCFE/UCX	Nonfraud	Recovered Cash			
13.18	203 (12)			UCFE/UCX	Nonfraud	Recovered Offset			
13.19	204 (8, 12)			UCFE/UCX	Nonfraud	Waived			
13.20	205 (8, 12)			UCFE/UCX	Nonfraud	Written-Off			
13.21	206 (12)			UCFE/UCX	Nonfraud	Additions			
13.22	207 (8, 12)			UCFE/UCX	Nonfraud	Subtractions			

^aFor Subpopulations 13.6 through 13.10 and Subpopulations 13.17 through 13.22, the federal amount is the federal share of the joint claim.

NOTE: See Module 2 for an explanation of the sampling methodology.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 13 AND ETA 227 REPORTING CELLS

A. PAGE 1 OF FORM

SECTION B: RECONCILIATION OF OVERPAYMENT ACTIVITIES

Item	Line No.	Number of Cases				Dollar Amounts			
		Fraud		Nonfraud		Fraud		Nonfraud	
		UI (5)	FE/X (6)	UI (7)	FE/X (8)	Column 7 UI (9)	Column 8 FE/X (10)	Column 7 UI (11)	Column 8 FE/X (12)
Recovered Cash	202					1	1 and 6	11	11 and 17
Recovered Offset	203					2	2 and 7	12	12 and 18
Waived	204			13	19			13	13 and 19
Written Off	205	3	8	14	20	3	3 and 8	14	14 and 20
Additions	206					4	4 and 9	15	15 and 21
Subtractions	207	5	10	16	22	5	5 and 10	16	16 and 22

VALIDATION POPULATION 14
AGE OF OVERPAYMENTS

Subpop #	ETA 227E Report, Line, and Column	1 (Step 1G) SSN	2 (Step 1G) Unique ID	3 (Step 36) Date Established	4 (Step 4) Program Type	5 (Step 41) Outstanding Overpayment	6 (Step 43) End of Reporting Period	7 (Step 43) Age of Receivables in Days	8 (Step 42) UI Balance at End of Qtr	9 (Step 42) Federal Balance at End of Qtr
AGE OF OVERPAYMENTS (14.1 through 14.12) 1) Supplemental sample--outliers by dollars										
14.1	501-21				UI			0 to 90		
14.2	502-21				UI			91 to 180		
14.3	503-21				UI			181 to 270		
14.4	504-21				UI			271 to 360		
14.5	505-21				UI			361 to 450		
14.6	506-21				UI			GT 451		
14.7	501 (21-22)				UCFE/UCX			0 to 90		
14.8	502 (21-22)				UCFE/UCX			91 to 180		
14.9	503 (21-22)				UCFE/UCX			181 to 270		
14.10	504 (21-22)				UCFE/UCX			271 to 360		
14.11	505 (21-22)				UCFE/UCX			361 to 450		
14.12	506 (21-22)				UCFE/UCX			GT 451		

NOTE: See Module 2 for an explanation of the sampling methodology.

RELATIONSHIP BETWEEN SUBPOPULATIONS ON VALIDATION PRINTOUT 14 AND ETA 227 REPORTING CELLS

C. PAGE 3 OF FORM

SECTION E: AGING BENEFIT OVERPAYMENT ACCOUNTS

Accounts Receivable	Line No.	Dollar Amount	
		UI (21) Column 8	UCFE/UCX (22) Column 9
90 days or less	501	1	1, 7
91 days - 180 days	502	2	2, 8
181 days - 270 days	503	3	3, 9
271 days - 360 days	504	4	4, 10
361 days - 450 days	505	5	5, 11
451 days or more	506	6	6, 12
Total Accounts Receivable			

Report Validation File Sort Criteria

Table A.2 provides the sort criteria for each of the 14 transaction populations. The sort criteria help ADP staff understand the programming logic to generate the validation printouts. The sort criteria list the order in which the data elements constituting the characteristics of each transaction are sorted to create the subpopulations on the validation printouts. ADP staff create extract files containing the required data elements and sort the file by the elements in the order shown to create the subpopulation files. The SSN is always the last sort key.

Table A.2
RV Files
Sort Criteria, by Population

Table Description	1st Sort Key	2nd Sort Key	3rd Sort Key	4th Sort Key	5th Sort Key	6th Sort Key	7th Sort Key	8th Sort Key	9th Sort Key	10th Sort Key	11th Sort Key
1 - Weeks Claimed	Intrastate/ Interstate	Program Type	Date Week Claimed	SSN							
2 - Final Payments	Program Type	Maximum Duration	Actual Weeks of Duration	SSN							
3 - Claims Filed	Type of Claim	Intrastate/ Interstate	Program Type	Sufficient/ Insufficient	Maximum WBA ¹	Maximum Duration	Potential Weeks of Duration	Date Claim Filed	SSN		
4 - Payments	Type of Compensation	Total/Partial Weeks of Unemployment	Program Type	Intrastate/ Interstate	Time Lapse	UI Amount	UCFE Amount	UCX Amount ²	CWC Amount	Unique ID ³	SSN
5 - Nonmonetary Determinations	Single Claimant Multiclaimageant	Program Type	Allow/ Deny	Intrastate/ Interstate	Issue Types	Time Lapse 1 Detection Notice (Days)	SSN				
6 - Appeals Filed, Lower Authority	Single Claimant Multiclaimageant	Date Filed	Unique ID	SSN							
7 - Appeals Filed, Higher Authority	Single Claimant Multiclaimageant	Date Filed	Unique ID	SSN							
8 - Appeals Decisions, Lower Authority	Single Claimant Multiclaimageant	Issue Code	Intrastate/ Interstate	In Favor of Appellant	Appellant	Time Lapse (Days)	Unique ID	SSN			
9 - Appeals Decisions, Higher Authority	Single Claimant Multiclaimageant	Intrastate/ Interstate	In Favor of Appellant	Appellant	Time Lapse (Days)	Docket Number (Unique ID)	SSN				
10 - Appeals Aging, Lower Authority	Time Lapse Category	Docket Number (Unique ID)	SSN								
11 - Appeals Aging, Higher Authority	Time Lapse Category	Docket Number (Unique ID)	SSN								
12 - Overpayments Established	Program Type	Cause of Overpayment	Detection Activity	Dollars	Date Overpayment Established	Unique ID	SSN				
13 - Overpayment Reconciliation Activities	Program Type	Activity	Dollars	Date of Activity	Unique ID	SSN					
14 - Age of Overpayments	Time Lapse Days	Balance at End of Quarter	Unique ID	SSN							

¹ WBA is an abbreviation for weekly benefit amounts.

² UCX is an abbreviation for Unemployment Compensation for Ex-Servicemembers.

³ Unique ID can be the docket number, case number, or other unique identifier assigned to a transaction.

SAMPLING SPECIFICATIONS

A. TYPES OF SAMPLES

Specific random and supplemental sampling techniques are used to ensure that the validation methodology is efficient but thorough. There are four different types of samples:

C Random samples

C Supplemental samples of subpopulations missing from the random sample (missing subpopulations)

C Supplemental samples to examine data outliers

C Supplemental minimum samples

Each of these four sample types is described below.

1. Random Samples

Random samples are used to validate the most important transaction types, for which UIS requires the most comprehensive validation. These transaction types are used for funding or for important performance measures, such as initial claims, nonmonetary determinations, appeals, and first payments. Initial samples of 30 or 60 cases are reviewed to detect errors; additional cases are reviewed only if the results of the initial sample are inconclusive. However, some types of payments that occur infrequently will be missed in the sample selection process. Procedures for selecting random samples are found in Section B of this Appendix. Specifications for each type of random sample are found in Table A.3.

The random sampling approach is very efficient because it allows States with good data and programming to review a relatively small number of cases while still ensuring that the data meet UI validation standards. If a review of 60 cases produces no errors, then it can be concluded that the State's error rate for the sampled type of transaction is less than 5%. If errors are detected, however, then an additional 140 cases must be reviewed to more precisely measure the error rate.

2. Supplemental Samples to Check One or Two Transactions from Each Subpopulation Missing from the Random Sample (Missing Subpopulations)

It is important to ensure that the validation files are programmed correctly. For populations where random samples are reviewed, a supplemental sample of one case

is drawn for each subpopulation that is not selected by the random sample. For example, the random sample of first payments may not include any payments from population 4.12, interstate first payments for claimants with both State UI and federal wages, because this type of payment will occur infrequently. A sample transaction would be drawn from subpopulation 4.12 and from any other subpopulation not represented in the random sample. The results of the validation of the supplemental sample are recorded separately from the random sample on the summary and analytical reports. Specifications for each sample of missing subpopulations are found in Table A.3.

Either the State's ADP staff can select these supplemental samples and print the transactions on the TV worksheet, or the validator can select the first transaction from each nonsampled subpopulation and record its characteristics on the TV worksheet.

3. Supplemental Samples to Examine Data Outliers

The random samples and the supplemental samples of missing subpopulations ensure that the population as a whole has been defined correctly, and that each specific subpopulation within the population has been defined correctly. However, neither sample will necessarily examine the high-risk area of time lapse and dollar amount extremes (the shortest and longest time lapses, and the lowest and highest dollar amounts) where data errors or programming errors in time lapse or dollar calculations may occur. Review of data outliers is the most efficient means of detecting calculation or logic errors because it examines the extremes in a distribution of cases sorted by time lapse or dollar amount. To ensure that calculation and date errors have not occurred, this type of sample examines the five cases with the lowest time lapse in days and the five cases with the highest time lapse in days for transactions subjected to time lapse measurement. When the file is sorted by time lapse days, these will be the first five and last five cases on the file. This type of outlier sample is similarly drawn from transactions that report dollar amounts, such as overpayments established and overpayment reconciliation activities. Specifications for each sample of data outliers are found in Table A.3.

4. Supplemental Minimum Samples

Supplemental minimum samples are used for transactions which are low priority for validation and for which no random sample is drawn. For these types of transactions, it is only necessary to ensure that the reporting software uses the correct fields in the database to process and report the transactions. For example, for new UCFE/UCX claims (subpopulations 3.15-3.18), only a supplemental sample of 2 cases per subpopulation (or 8 cases in total) is reviewed and no random sample is drawn. Specifications for each supplemental minimum sample are found in Table A.3.

SPECIFICATIONS FOR SELECTING EACH TYPE OF SAMPLE

Table A.3 is a summary of the sampling specifications that appear on each RV file specification. It details each of the samples to be drawn and specifies the subpopulations to be sampled, the sample size, the sample type, and the type of supporting documentation needed to validate the sample.

- C Column 1 lists, in sequence, the subpopulation groups to be sampled. Some subpopulation groups include more than one kind of sample.
- C Column 2 shows the type of sampled transactions and the corresponding subpopulations.
- C Columns 3a through 3d show the proposed random sample size, and whether samples will be drawn from missing subpopulations, outliers, or a minimum sample only.
- C Columns 4 and 5 show the number of transactions which must be validated using benefits history screens, or supporting paper files/documentation.

The following example illustrates how Table A.3 works. For example, the first sample grouping of subpopulations 1.1 through 1.3 (intrastate weeks claimed) requires an initial random sample of 60 cases. The TV worksheet must be programmed to include all data elements specified in Appendix A, and the data must be captured directly from the State's database. Under these two conditions, the validator shall use system documentation, such as claimant history screens, to validate the first two sampled transactions to ensure that the worksheet reflects the correct fields on the database. Once it has been determined that the worksheet contains the same information as the benefit history screens, it is unnecessary and inefficient to retrieve benefit history screens for review. The remaining 58 transactions can be validated using only the data on the TV worksheet. If all of the data elements cannot be placed on the worksheet or the validation data is taken from statistical files and not the benefits database, the validator must review all sampled cases using benefits history screens. If the results are inconclusive under either situation, 140 additional cases should be selected, for a total of 200 cases. It is not necessary to review paper documentation in this sample.

B. PROCEDURES FOR DRAWING RANDOM SAMPLES

Every type of random sample specified in Table A.3 requires selection of two samples, unless the State does not find errors in the first sample. It is most efficient to select both samples at the same time so that the programmer does not have to conduct the sampling activity twice. The best way to select both samples at the same time is to randomize the RV population file containing the universe of transactions to be sampled. The subpopulation files which comprise the sampling universes are constructed using the specifications for each population in this appendix (pages A.6 to A.68) before the sampling step takes place.

After the subpopulation files are created, ADP staff should sort the files into the groups of subpopulations specified in Table A.3 (column 2 - Type of Sampled Transaction). Once the new files are created, there will be 16 files which will serve as the universe for selecting random samples (there are 16 samples for which a random sample size occurs in Table A.3, Column 3a). ADP staff should use a software utility program that generates random numbers for each observation in a file and sort the file by the random number to randomize the order in which the observations appear in the file. Once the file is randomized, the first 100 or 200 cases selected, based on the maximum random sample size, should be printed on the worksheet and assigned an observation number based on their position in the file (1,2,3 - 100 or 200). Through this procedure, the ADP staff will create two random samples of 60 and 140 cases (or 30 and 70 for less important samples). Validators will review the first 60 cases and then review the next 140 if necessary.

If a random number generation utility is not available to the ADP staff, interval sampling techniques must be used. ADP staff must generate two separate random samples of 30 or 60 and of 70 or 140 as necessary. ADP staff may wait for the outcome of the review of the first sample to determine if the second sample is necessary. After the first sample is produced, the sampled cases must be deleted from the file or flagged before the second sample is taken, so they are not selected again. The following procedures explain the method for identifying a valid random sample, and can be followed to generate random samples using interval sampling techniques.

- C Create an extract of records that satisfies the criteria for records to be sampled. Count the number of records in the file. This count is called the Universe or U.
- C Determine the number of records to be included in the sample. This count is called the Population or P.
- C Calculate the Interval or I. The interval is produced by dividing the Universe by the Population as shown below.

$$I = U/P$$

C Generate a Random Start or R. This number must be between 1 and I and may be non-integer. This number will be used to determine the first record to be sampled.

C Select the sample according to the formula below:

Define the nth selection S_n as

$$S_n = \text{INT}[R + (n-1)*I]$$

where: INT is a function that evaluates the equation in brackets and returns the resulting integer portion, and n is an integer between 1 and P.

Example:

Here is a sample pseudocode for applying the formula assuming an example sample of 12 records which is to be drawn from a universe of 1000 records:

U = 1000;

P = 12;

I = 1000 / 12; /* equals 83.33 */

R = Random number between 1 and 83.33 ; /* say this equals 42.25 */

IF Record_number = 1 THEN DO;

n = 1;

END;

IF Record_number = INT (R + (n-1) *I) THEN DO;

Select Record;

n = n + 1;

END;

The random records selected by this technique will be 42, 125, 208, 292, 375, 458, 542, 625, 708, 792, 875, 958.

TABLE A.3
SPECIFICATIONS FOR DATA VALIDATION SAMPLING

(1) Sample	(2) Type of Sampled Transaction	Sample Types and Sizes				Samples	
		(a) Random Sample Size	(b) Missing Subpopulations	(c) Outliers	(d) Minimum Sample	(4) Number to be Reviewed Using Data Base Screens	(5) Number to be Reviewed Using Supporting File/Paper Documentation
1	Intrastate Weeks Claimed (1.1-1.3)	60-200 claimants	NA	NA	NA	2	NA
2	Interstate Liable Weeks Claimed (1.4-1.6)	30-100 claimants	NA	NA	NA	2	NA
3	Interstate Weeks Claimed Filed from Agent State (1.7-1.9)	NA	NA	NA	2	2	NA
4	Intrastate Workshare Weeks Claimed (1.10)	NA	NA	NA	2	2	NA
5	Final Payments (2.1-2.4)	30-100	NA	NA	NA	2	NA
6	Workshare Final Payments (2.5)	NA	NA	NA	2	2	NA
7	New UI Claims (3.1-3.14)	60-200	Yes	NA	NA	60	NA
8	New UCFE/UCX Claims (3.15-3.18)	NA	NA	NA	8 (2 per subpop.)	8	NA
9	Interstate Filed From Agent State Claims (3.19-3.21)	NA	NA	NA	6 (2 per subpop.)	6	NA
10	Interstate Claims Taken as Agent State (3.22-3.24)	NA	NA	NA	6 (2 per subpop.)	6	NA
11	Intrastate and Interstate Transitional Claims (3.25-3.33)	30-100	NA	NA	NA	2	NA
12	CWC Claims (3.34-3.39)	30-100	Yes	NA	NA	NA	NA
13	Monetary Sent Without New Claim (3.40-3.45)	NA	NA	NA	12 (2 per subpop.)	2	NA
14	Entering Self-Employment Program (3.46)	NA	NA	NA	2	2	NA
15	New Workshare Claims (3.47)	NA	NA	NA	2	2	NA
16	Additional Claims (3.49-3.54)	60-200	NA	NA	NA	60	NA
17	Workshare Additional Claims (3.55)	NA	NA	NA	2	2	NA
18	First Payments (4.1-4.16)	60-200	Yes	10 (Intrastate only/Mod 1 sort)	NA	60-218	NA

Table A.3 (continued)

(1)	(2)	Sample Types and Sizes				Samples	
		(a)	(b)	(c)	(d)	(4)	(5)
Sample	Type of Sampled Transaction	Random Sample Size	Missing Subpopulations	Outliers	Minimum Sample	Number to be Reviewed Using Data Base Screens	Number to be Reviewed Using Supporting File/Paper Documentation
19	Continued Weeks Total Payments (4.17-4.24)	NA	NA	10	NA	10	NA
20	Continued Weeks Partial Payments (4.25-4.32)	30-100	NA	NA	NA	30-100	NA
21	Adjusted Payments (4.33-4.42)	NA	NA	10 (\$)	NA	2	NA
22	Self-Employment Payments (4.43)	NA	NA	NA	2	2	NA
23	CWC First Payments (4.44-4.45)	30-100	NA	NA	NA	30-100	NA
24	CWC Continued Payments (4.46-4.47)	NA	NA	NA	4 (2 per subpop.)	4	NA
25	CWC Adjusted Payments (4.48-4.49)	NA	NA	NA	4 (2 per subpop.)	4	NA
26	CWC Prior Weeks Compensated (4.50-4.51)	NA	NA	NA	4 (2 per subpop.)	4	NA
27	Workshare Payments (4.52-4.53)	NA	NA	NA	4 (2 per subpop.)	4	NA
28	Single Claimant Nonmonetary Determinations (5.1-5.60)	30-100	Yes	10	NA	2	NA
29	Multiclaimeant Nonmonetary Determinations (5.61-5.64)	NA	NA	NA	8 (2 per subpop.)	2	NA
30	Redeterminations (5.65-5.70)	30-100	NA	NA	NA	30-100	30-100
31	Appeals Filed, Lower Authority (6.1-6.2)	NA	NA	NA	4 (2 per subpop.)	4	NA
32	Appeals Filed, Higher Authority (7.1-7.2)	NA	NA	NA	4 (2 per subpop.)	4	NA
33	Single Claimant Appeals Decisions, Lower Authority (8.1-8.44)	60-200	Yes (8.33 - 8.40 only)	10	NA	60-218	60-218
34	Multiclaimeant Appeals Decisions, Lower Authority (8.45-8.55)	NA	NA	NA	22 (2 per subpop.)	2	2

Table A.3 (continued)

(1) Sample	(2) Type of Sampled Transaction	Sample Types and Sizes				Samples	
		(a) Random Sample Size	(b) Missing Subpopulations	(c) Outliers	(d) Minimum Sample	(4) Number to be Reviewed Using Data Base Screens	(5) Number to be Reviewed Using Supporting File/Paper Documentation
35	Single Claimant Appeals Decisions, Higher Authority (9.1-9.12)	30-100	NA	10	NA	30-110	30-110
36	Multiclaimeant Appeals Decision, Higher Authority (9.13-9.23)	NA	NA	NA	22 (2 per subpop.)	2	2
37	Appeals Case Aging, Lower Authority (10.1-10.7)	NA	NA	10	NA	2	NA
38	Appeals Case Aging, Higher Authority (11.1-11.6)	NA	NA	10	NA	2	NA
39	Overpayments Established (12.1-12.14)	60-200	Yes	10 (\$)	NA	60-224	60-224
40	Overpayment Reconciliation Activities (13.1-13.22)	30-100	Yes	10 (\$)	NA	30-132	30-132
41	Overpayments Aging (14.1-14.12)	NA	NA	10 (\$)	NA	2	NA

NOTES: The subpopulation references in parentheses match the subpopulations on the report cell validation printout specifications.

The programmer should select each sample from the sorted file created for the Module 1 report validation (except for the outliers samples, which require resorts).

A sample of missing subpopulations is only drawn if all subpopulations are not represented in the random sample. The sample of outliers is always done where indicated. Outliers samples are for time lapse where it exists, otherwise dollars.

The 5159 AW could be validated in States which maintain workshare programs (see samples #3, 5, 14, 16, 26). Extended Benefits reports could also be validated.

APPENDIX B

REPORT VALIDATION SPREADSHEETS

This appendix provides facsimiles of the detailed spreadsheets and summary spreadsheets generated by the spreadsheet software on the diskette provided with this handbook.

It is imperative, for standardization of the methodology contained in this handbook, that the report validation software not be altered in a manner that revises the spreadsheet formats and formulas.

Page A of the spreadsheet for each population converts the population counts from the RV file into validation counts used for comparison with the UI required reports. The “1”s which appear in various columns represent the UI reporting cells in which transactions from a given subpopulation are reported.

Page B of the spreadsheet incorporates the dollar amounts from the RV files, when applicable.

Page C of the spreadsheet is used to summarize the differences between the reported counts and the validation counts, including duplicate errors, dollar amount differences, and time lapse errors.

REPORT VALIDATION SPREADSHEET: POPULATION 1

Subpop. #	Subpop. Count	AR5159A/ 201-10	AR5159A/ 201-11	AR5159A/ 201-13	AR5159A/ 202-10	AR5159A/ 202-11	AR5159A/ 202-13	AR5159A/ 203-10	AR5159A/ 203-11	AR5159A/ 203-13	AW5159/ 201-9
1.1		1									
1.2					1						
1.3								1			
1.4				1							
1.5							1				
1.6										1	
1.7			1								
1.8						1					
1.9									1		
1.10											1
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 1

THIS SECTION IS NOT APPLICABLE TO POPULATION 1.

REPORT VALIDATION SPREADSHEET: POPULATION 1

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
AR5159A/201-10	UI, Filed from Agent	0				0	0.00%		
AR5159A/201-11	UI, Taken as Agent	0				0	0.00%		
AR5159A/201-13	UI, Received as Liable	0				0	0.00%		
AR5159A/202-10	FE, Filed from Agent	0				0	0.00%		
AR5159A/202-11	FE, Taken as Agent	0				0	0.00%		
AR5159A/202-13	FE, Received as Liable	0				0	0.00%		
AR5159A/203-10	CX, Filed from Agent	0				0	0.00%		
AR5159A/203-11	CX, Taken as Agent	0				0	0.00%		
AR5159A/203-13	CX, Received as Liable	0				0	0.00%		
AW5159/201-9	UI, Intrastate	0				0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

$\text{COUNT \% DIFFERENCE} = (\text{REPORTED COUNT (RC)} - \text{VALIDATION COUNT (VC)})/\text{VC}$

For the TOTAL row, the $\text{ADJUSTED VALIDATION COUNT (AVC)} = \text{VC} - (\text{VC} * \% \text{ DUPLICATES})$, and $\text{COUNT \% DIFFERENCE} = (\text{RC} - \text{AVC})/\text{AVC}$.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 2

Subpop. #	Subpop. Count	218B/102 (8-13)	218B/104 (14, 19)	218B/104-20	ar5159B/303-27	ar5159B/303-28	ar5159B/303-29	aw5159/303-25
2.1			1		1			
2.2		1			1			
*				0				
2.3						1		
2.4							1	
2.5								1
TOTALS								

*Enter total actual weeks of duration for subpopulations 2.1 and 2.2 from Column 7 of the Validation Population 2 specifications table.

REPORT VALIDATION SPREADSHEET: POPULATION 2

THIS SECTION IS NOT APPLICABLE TO POPULATION 2.

REPORT VALIDATION SPREADSHEET: POPULATION 2

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
218B/102-(8-13)	Actual Weeks < 25	0				0	0.00%		
218B/104-(14,19)	Actual Weeks > 25	0				0	0.00%		
218B/104-20	Average Weeks	0				0	0.00%		
218 TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159B/303-27	UI, Final Payment	0				0	0.00%		
AR5159B/303-28	FE, Final Payment	0				0	0.00%		
AR5159B/303-29	CX, Final Payment	0				0	0.00%		
AW5159/303-25	Workshare Final Payment	0				0	0.00%		
5159 TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 3

Subpop. #	Subpop. Count	ar5159A/ 101-2	ar5159A/ 101-3	ar5159A/ 101-4	ar5159A/ 101-5	ar5159A/ 101-6	ar5159A/ 101-7	ar5159A/ 102-2	ar5159A/ 102-3	ar5159A/ 102-4	ar5159A/ 102-5	ar5159A/ 102-6	ar5159A/ 102-7	ar5159A/ 103-2	ar5159A/ 103-3	ar5159A/ 103-4	ar5159A/ 103-5	ar5159A/ 103-6
3.1		1																
3.2		1																
3.3		1																
3.4		1																
3.5		1																
3.6		1																
3.7		1																
3.8							1											
3.9							1											
3.10							1											
3.11							1											
3.12							1											
3.13							1											
3.14							1											
3.15								1										
3.16														1				
3.17													1					
3.18																		
3.19				1														
3.20										1			1					
3.21																1		
3.22					1													
3.23												1						
3.24																	1	
3.25						1												
3.26						1												
3.27						1												
3.28						1												
3.29						1												
3.30						1												
3.31						1												
3.32												1						
3.33																		1
3.34																		
3.35																		
3.36																		
3.37																		
3.38																		
3.39																		
3.40																		
3.41																		
3.42																		
3.43																		
3.44																		
3.45																		
3.46																		

REPORT VALIDATION SPREADSHEET: POPULATION 3

Subpop. #	Subpop. Count	ar5159A/ 101-2	ar5159A/ 101-3	ar5159A/ 101-4	ar5159A/ 101-5	ar5159A/ 101-6	ar5159A/ 101-7	ar5159A/ 102-2	ar5159A/ 102-3	ar5159A/ 102-4	ar5159A/ 102-5	ar5159A/ 102-6	ar5159A/ 102-7	ar5159A/ 103-2	ar5159A/ 103-3	ar5159A/ 103-4	ar5159A/ 103-5	ar5159A/ 103-6
3.47A																		
3.48B																		
3.49			1															
3.50									1									
3.51															1			
3.52							1											
3.53													1					
3.54																		
3.55A																		
TOTALS																		

A = Workshare
B = Extended Benefits

REPORT VALIDATION SPREADSHEET: POPULATION 3

Subpop. #	Subpop. Count	ar5159A/ 103-7	ar5159A/ 201-14	586A/ 101-1	586A/ 101-2	586A/ 102-1	586A/ 102-2	218A/ 100-2	218A/ 100-3	218A/ 100-4	218A/ 100-5	218A/ 100-6	218B/ 101(8-13)	218B/ 103(14,19)	aw5159/ 101-2	aw5159/ 101-3
3.1								1								
3.2									1	1	1	1	1	1		
3.3									1	1	1		1			
3.4									1	1			1	1		
3.5									1	1			1			
3.6									1							
3.7																
3.8								1								
3.9									1	1	1	1	1	1		
3.10									1	1	1		1			
3.11									1	1			1	1		
3.12									1	1			1			
3.13									1							
3.14																
3.15																
3.16																
3.17																
3.18		1														
3.19																
3.20																
3.21		1														
3.22																
3.23																
3.24																
3.25								1								
3.26									1	1	1	1	1	1		
3.27									1	1	1		1			
3.28									1	1			1	1		
3.29									1	1			1			
3.30									1							
3.31																
3.32																
3.33																
3.34				1												
3.35				1	1											
3.36						1										
3.37						1	1									
3.38					1											
3.39							1									
3.40								1								
3.41									1	1	1	1	1	1		
3.42									1	1	1		1			
3.43									1	1			1	1		
3.44									1	1			1			
3.45									1							
3.46			1													

REPORT VALIDATION SPREADSHEET: POPULATION 3

Subpop. #	Subpop. Count	ar5159A/ 103-7	ar5159A/ 201-14	586A/ 101-1	586A/ 101-2	586A/ 102-1	586A/ 102-2	218A/ 100-2	218A/ 100-3	218A/ 100-4	218A/ 100-5	218A/ 100-6	218B/ 101(8-13)	218B/ 103(14,19)	aw5159/ 101-2	aw5159/ 101-3
3.47A															1	
3.48B																
3.49																
3.50																
3.51																
3.52																
3.53																
3.54		1														
3.55A																1
TOTALS																

A = Workshare
B = Extended Benefits

REPORT VALIDATION SPREADSHEET: POPULATION 3

THIS SECTION IS NOT APPLICABLE TO POPULATION 3.

REPORT VALIDATION SPREADSHEET: POPULATION 3

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
AR5159A/101-2	UI, New Intra	0				0	0.00%		
AR5159A/102-2	FE, New Intra	0				0	0.00%		
AR5159A/103-2	CX, New Intra	0				0	0.00%		
NEW INTRA TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159A/101-3	UI, Additional Intra	0				0	0.00%		
AR5159A/102-3	FE, Additional Intra	0				0	0.00%		
AR5159A/103-3	CX, Additional Intra	0				0	0.00%		
ADDITIONAL INTRA TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159A/101-4	UI, Filed from Agent	0				0	0.00%		
AR5159A/102-4	FE, Filed from Agent	0				0	0.00%		
AR5159A/103-4	CX, Filed from Agent	0				0	0.00%		
FILED FROM AGENT TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159A/101-5	UI, Taken as Agent	0				0	0.00%		
AR5159A/102-5	FE, Taken as Agent	0				0	0.00%		
AR5159A/103-5	CX, Taken as Agent	0				0	0.00%		
TAKEN AS AGENT TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159A/101-6	UI, Transitional	0				0	0.00%		
AR5159A/102-6	FE, Transitional	0				0	0.00%		
AR5159A/103-6	CX, Transitional	0				0	0.00%		
TRANSITIONAL TOTAL		0	0		0.00	0.00	0.00%	PASS	
AR5159A/101-7	UI, Received as Liable	0				0	0.00%		
AR5159A/102-7	FE, Received as Liable	0				0	0.00%		
AR5159A/103-7	CX, Received as Liable	0				0	0.00%		
RECEIVED AS LIABLE TOTAL		0	0		0.00	0.00	0.00%	PASS	

REPORT VALIDATION SPREADSHEET: POPULATION 3

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
AR5159A/201-14	UI, Self-employment	0			0.00	0.00	0.00%	PASS	
586A/101-1	Intra, New CWC Claim	0				0	0.00%		
586A/102-1	Inter, New CWC Claim	0				0	0.00%		
NEW CWC TOTAL		0	0		0.00	0.00	0.00%	PASS	
586A/101-2	Intra New CWC, BY	0				0	0.00%		
586A/102-2	Inter New CWC, BY	0				0	0.00%		
NEW CWC BY TOTAL		0	0		0.00	0.00	0.00%	PASS	
218A/100-2	Insufficient	0			0.00	0.00	0.00%	PASS	
218A/100-3	Sufficient	0			0.00	0.00	0.00%	PASS	
218A/100-4	Total BY	0			0.00	0.00	0.00%	PASS	
218A/100-5	Max WBA	0			0.00	0.00	0.00%	PASS	
218A/100-6	Max WBA & Duration	0			0.00	0.00	0.00%	PASS	
218B/101 (8-13)	Potential < 25	0			0.00	0.00	0.00%	PASS	
218B/103 (14, 19)	Potential > 25	0			0.00	0.00	0.00%	PASS	
AW5159/101-2	Workshare	0				0	0.00%		
AW5159/101-3	Workshare	0				0	0.00%		
WORKSHARE TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9050TOT/1	9050ALL/2	9050ALL/3	9050ALL/4	586B/8-TOT	9050ALL/6	9050ALL/7	9050ALL/8	586B/9-TOT	9050PART/2
4.1			1								
4.2							1				
4.3			1								
4.4							1				
4.5				1							
4.6								1			
4.7					1						
4.8									1		
4.9			1								1
4.10							1				
4.11			1								1
4.12							1				
4.13				1							
4.14								1			
4.15					1						
4.16									1		
4.17											
4.18											
4.19											
4.20											
4.21											
4.22											
4.23											
4.24											
4.25											
4.26											
4.27											
4.28											
4.29											
4.30											
4.31											
4.32											
4.33											
4.34											
4.35											
4.36											
4.37											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9050TOT/1	9050ALL/2	9050ALL/3	9050ALL/4	586B/8-TOT	9050ALL/6	9050ALL/7	9050ALL/8	586B/9-TOT	9050PART/2
4.38											
4.39											
4.40											
4.41											
4.42											
4.43											
4.44						1					
4.45										1	
4.46											
4.47											
4.48											
4.49											
4.50											
4.51											
4.52		1									
4.53											
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9050PART/3	9050PART/4	9050PART/6	9050PART/7	9050PART/8	9051TOT/1	9051ALL/2	9051ALL/3	9051ALL/4	9051ALL/6
4.1											
4.2											
4.3											
4.4											
4.5											
4.6											
4.7											
4.8											
4.9											
4.10				1							
4.11											
4.12				1							
4.13		1									
4.14					1						
4.15			1								
4.16						1					
4.17								1			
4.18											1
4.19								1			
4.20											1
4.21									1		
4.22											
4.23										1	
4.24											
4.25								1			
4.26											1
4.27								1			
4.28											1
4.29									1		
4.30											
4.31										1	
4.32											
4.33											
4.34											
4.35											
4.36											
4.37											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9050PART/3	9050PART/4	9050PART/6	9050PART/7	9050PART/8	9051TOT/1	9051ALL/2	9051ALL/3	9051ALL/4	9051ALL/6
4.38											
4.39											
4.40											
4.41											
4.42											
4.43											
4.44											
4.45											
4.46											
4.47											
4.48											
4.49											
4.50											
4.51											
4.52											
4.53							1				
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9051ALL/7	9051ALL/8	9051PART/2	9051PART/3	9051PART/4	9051PART/6	9051PART/7	9051PART/8	ar5159B/301-15	ar5159B/301-16
4.1										1	1
4.2										1	1
4.3										1	1
4.4										1	1
4.5											
4.6											
4.7											
4.8											
4.9										1	
4.10										1	
4.11										1	
4.12										1	
4.13											
4.14											
4.15											
4.16											
4.17										1	1
4.18										1	1
4.19										1	1
4.20										1	1
4.21											
4.22		1									
4.23											
4.24			1								
4.25				1						1	
4.26							1			1	
4.27				1						1	
4.28							1			1	
4.29					1						
4.30		1						1			
4.31						1					
4.32			1						1		
4.33											
4.34											
4.35											
4.36											
4.37											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	9051ALL/7	9051ALL/8	9051PART/2	9051PART/3	9051PART/4	9051PART/6	9051PART/7	9051PART/8	ar5159B/301-15	ar5159B/301-16
4.38											
4.39											
4.40											
4.41											
4.42											
4.43											
4.44											
4.45											
4.46											
4.47											
4.48											
4.49											
4.50											
4.51											
4.52											
4.53											
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	ar5159B/301-17	ar5159B/301-18	ar5159B/301-19	ar5159B/301-20	ar5159B/301-21	586A/101-4	586A/101-6	586A/102-4	586A/102-6	aw5159B/301-14
4.1											
4.2		1									
4.3			1								
4.4		1	1								
4.5			1	1							
4.6			1	1							
4.7			1		1						
4.8			1		1						
4.9											
4.10		1									
4.11			1								
4.12		1	1								
4.13			1	1							
4.14			1	1							
4.15			1		1						
4.16			1		1						
4.17											
4.18		1									
4.19			1								
4.20		1	1								
4.21			1	1							
4.22			1	1							
4.23			1		1						
4.24			1		1						
4.25											
4.26		1									
4.27			1								
4.28		1	1								
4.29			1	1							
4.30			1	1							
4.31			1		1						
4.32			1		1						
4.33											
4.34											
4.35											
4.36											
4.37											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	Subpop. Count	ar5159B/301-17	ar5159B/301-18	ar5159B/301-19	ar5159B/301-20	ar5159B/301-21	586A/101-4	586A/101-6	586A/102-4	586A/102-6	aw5159B/301-14
4.38											
4.39											
4.40											
4.41											
4.42											
4.43						1					
4.44							1				
4.45									1		
4.46							1				
4.47									1		
4.48											
4.49											
4.50								1			
4.51										1	
4.52											1
4.53											1
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	ar5159B/302-15	ar5159B/302-16	ar5159B/302-17	ar5159B/302-18
4.1	X					1	1		
4.2	X					1	1	1	
4.3	X	X	X			1	1		1
4.4	X	X	X			1	1	1	1
4.5		X	X						1
4.6		X	X						1
4.7			X						1
4.8			X						1
4.9	X					1			
4.10	X					1		1	
4.11	X	X	X			1			1
4.12	X	X	X			1		1	1
4.13		X	X						1
4.14		X	X						1
4.15			X						1
4.16			X						1
4.17	X					1	1		
4.18	X					1	1	1	
4.19	X	X	X			1	1		1
4.20	X	X	X			1	1	1	1
4.21		X	X						1
4.22		X	X						1
4.23			X						1
4.24			X						1
4.25	X					1			
4.26	X					1		1	
4.27	X	X	X			1			1
4.28	X	X	X			1		1	1
4.29		X	X						1
4.30		X	X						1
4.31			X						1
4.32			X						1
4.33	X					1	1		
4.34	X					1	1	1	
4.35	X	X	X			1	1		1
4.36	X	X	X			1	1	1	1

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	ar5159B/302-15	ar5159B/302-16	ar5159B/302-17	ar5159B/302-18
4.37		X	X						1
4.38			X						1
4.39	X					1			
4.40	X					1		1	
4.41	X	X	X			1			1
4.42	X	X	X			1		1	1
4.43					X				
4.44				X					
4.45				X					
4.46				X					
4.47				X					
4.48				X					
4.49				X					
4.50				X					
4.51				X					
4.52	X								
4.53	X								
TOTALS									

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	ar5159B/302-19	ar5159B/302-20	ar5159B/302-21	586A/101-5
4.1	X								
4.2	X								
4.3	X	X	X						
4.4	X	X	X						
4.5		X	X			1			
4.6		X	X			1			
4.7			X				1		
4.8			X				1		
4.9	X								
4.10	X								
4.11	X	X	X						
4.12	X	X	X						
4.13		X	X			1			
4.14		X	X			1			
4.15			X				1		
4.16			X				1		
4.17	X								
4.18	X								
4.19	X	X	X						
4.20	X	X	X						
4.21		X	X			1			
4.22		X	X			1			
4.23			X				1		
4.24			X				1		
4.25	X								
4.26	X								
4.27	X	X	X						
4.28	X	X	X						
4.29		X	X			1			
4.30		X	X			1			
4.31			X				1		
4.32			X				1		
4.33	X								
4.34	X								
4.35	X	X	X						
4.36	X	X	X						

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	ar5159B/302-19	ar5159B/302-20	ar5159B/302-21	586A/101-5
4.37		X	X			1			
4.38			X				1		
4.39	X								
4.40	X								
4.41	X	X	X						
4.42	X	X	X						
4.43					X			1	
4.44				X					1
4.45				X					
4.46				X					1
4.47				X					
4.48				X					1
4.49				X					
4.50				X					
4.51				X					
4.52	X								
4.53	X								
TOTALS									

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	586A/101-7	586A/102-5	586A/102-7	aw5159B/302-14
4.1	X								
4.2	X								
4.3	X	X	X						
4.4	X	X	X						
4.5		X	X						
4.6		X	X						
4.7			X						
4.8			X						
4.9	X								
4.10	X								
4.11	X	X	X						
4.12	X	X	X						
4.13		X	X						
4.14		X	X						
4.15			X						
4.16			X						
4.17	X								
4.18	X								
4.19	X	X	X						
4.20	X	X	X						
4.21		X	X						
4.22		X	X						
4.23			X						
4.24			X						
4.25	X								
4.26	X								
4.27	X	X	X						
4.28	X	X	X						
4.29		X	X						
4.30		X	X						
4.31			X						
4.32			X						
4.33	X								
4.34	X								
4.35	X	X	X						
4.36	X	X	X						

REPORT VALIDATION SPREADSHEET: POPULATION 4

Subpop. #	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employ Amount	586A/101-7	586A/102-5	586A/102-7	aw5159B/302-14
4.37		X	X						
4.38			X						
4.39	X								
4.40	X								
4.41	X	X	X						
4.42	X	X	X						
4.43					X				
4.44				X					
4.45				X			1		
4.46				X					
4.47				X			1		
4.48				X					
4.49				X			1		
4.50				X		1			
4.51				X				1	
4.52	X								1
4.53	X								1
TOTALS									

REPORT VALIDATION SPREADSHEET: POPULATION 4

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
9050TOTAL/1	Total First	0				0	0.00%									
9050ALL/2	UI First	0				0	0.00%									
9050ALL/3	FE First	0				0	0.00%									
9050ALL/4	CX First	0				0	0.00%									
9050 TOTAL		0	0		0.00	0.00	0.00%	PASS							PASS	
9050PART/2	UI First Partial	0				0	0.00%									
9050PART/3	FE First Partial	0				0	0.00%									
9050PART/4	CX First Partial	0				0	0.00%									
9050PART/6	Inter UI First Partial	0				0	0.00%									
9050PART/7	Inter FE First Partial	0				0	0.00%									
9050PART/8	Inter CX First Partial	0				0	0.00%									
9050 PARTIAL		0	0		0.00	0.00	0.00%	PASS							PASS	
9051TOTAL/1	Total Continued	0				0	0.00%									
9051ALL/2	UI Continued	0				0	0.00%									
9051ALL/3	FE Continued	0				0	0.00%									
9051ALL/4	CX Continued	0				0	0.00%									
9051ALL/6	Inter UI Continued	0				0	0.00%									
9051ALL/7	Inter FE Continued	0				0	0.00%									
9051ALL/8	Inter CX Continued	0				0	0.00%									
9051 TOTAL		0	0		0.00	0.00	0.00%	PASS							PASS	
9051PART/2	UI Continued Partial	0				0	0.00%									
9051PART/3	FE Continued Partial	0				0	0.00%									
9051PART/4	CX Continued Partial	0				0	0.00%									
9051PART/6	Inter UI Continued Partial	0				0	0.00%									
9051PART/7	Inter FE Continued Partial	0				0	0.00%									
9051PART/8	Inter CX Continued Partial	0				0	0.00%									
9051 PARTIAL		0	0		0.00	0.00	0.00%	PASS							PASS	

REPORT VALIDATION SPREADSHEET: POPULATION 4

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
AR5159B/301-15	UI, All Weeks-#	0				0	0.00%									
AR5159B/301-16	UI, Total-#	0				0	0.00%									
AR5159B/301-17	UI, Inter-#	0				0	0.00%									
AR5159B/301-18	FE & CX, Total-#	0				0	0.00%									
AR5159B/301-19	FE-#	0				0	0.00%									
AR5159B/301-20	CX-#	0				0	0.00%									
AR5159B/301-21	Self-employment-#	0				0	0.00%									
AR5159B/302-15	UI, All Weeks-\$								\$0		\$0	0.00%				
AR5159B/302-16	UI, Total-\$								\$0		\$0	0.00%				
AR5159B/302-17	UI, Inter-\$								\$0		\$0	0.00%				
AR5159B/302-18	FE & CX, Total-\$								\$0		\$0	0.00%				
AR5159B/302-19	FE-\$								\$0		\$0	0.00%				
AR5159B/302-20	CX-\$								\$0		\$0	0.00%				
AR5159B/302-21	Self-employment-\$								\$0		\$0	0.00%				
AR5159B		0	0		0.00	0.00	0.00%	PASS	\$0	\$0	\$0	0.00%	PASS		PASS	
586A/101-4	Intra Weeks Compensated	0				0	0.00%									
586A/101-5	Intra Benefits Paid								\$0		\$0	0.00%				
586A/101-6	Intra Prior Weeks	0				0	0.00%									
586A/101-7	Intra Prior Weeks Paid								\$0		\$0	0.00%				
586A/102-4	Inter Weeks Compensated	0				0	0.00%									
586A/102-5	Inter Benefits Paid								\$0		\$0	0.00%				
586A/102-6	Inter Prior Weeks	0				0	0.00%									
586A/102-7	Inter Prior Weeks Paid								\$0		\$0	0.00%				
586B/8-TOTAL	Intra Total First	0				0	0.00%									
9050ALL/6	Inter UI First	0				0	0.00%									
9050ALL/7	Inter FE First	0				0	0.00%									
9050ALL/8	Inter CX First	0				0	0.00%									
586B/9-TOTAL	Inter Total First	0				0	0.00%									
586		0	0		0.00	0.00	0.00%	PASS	\$0	\$0	\$0	0.00%	PASS		PASS	

REPORT VALIDATION SPREADSHEET: POPULATION 4

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
AW5159B/301-14	Workshare	0				0	0.00%									
AW5159B/302-14	Workshare								\$0		\$0	0.00%				
AW5159B		0	0		0.00	0.00	0.00%	PASS	\$0	\$0	\$0	0.00%	PASS		PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207A/101-2	207A/101-3	207A/101-5	207A/101-6	207A/102-2	207A/102-3	207A/102-5	207A/102-6	207A/103-1	207A/104-1	207A/105-1	207A/106-1	207B/201-8	207B/201-9
5.1		1												1	
5.2		1													1
5.3		1													
5.4		1													
5.5		1													
5.6		1													
5.7		1													
5.8		1													
5.9		1													
5.10		1												1	
5.11		1													1
5.12		1													
5.13		1													
5.14		1													
5.15		1													
5.16		1													
5.17		1													
5.18		1													
5.19		1				1								1	
5.20		1				1									1
5.21		1				1									
5.22		1				1									
5.23		1				1									
5.24		1				1									
5.25		1				1									
5.26		1				1									
5.27		1				1									
5.28		1				1								1	
5.29		1				1									1
5.30		1				1									
5.31		1				1									
5.32		1				1									
5.33		1				1									
5.34		1				1									
5.35		1				1									
5.36		1				1									
5.37										1					
5.38										1					
5.39										1					
5.40										1					
5.41										1					
5.42										1					

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207A/101-2	207A/101-3	207A/101-5	207A/101-6	207A/102-2	207A/102-3	207A/102-5	207A/102-6	207A/103-1	207A/104-1	207A/105-1	207A/106-1	207B/201-8	207B/201-9
5.43										1					
5.44										1					
5.45										1	1				
5.46										1	1				
5.47										1	1				
5.48										1	1				
5.49										1	1				
5.50										1	1				
5.51										1	1				
5.52										1	1				
5.53												1			
5.54												1			
5.55												1			
5.56												1			
5.57												1	1		
5.58												1	1		
5.59												1	1		
5.60												1	1		
5.61				1											
5.62				1				1							
5.63					1										
5.64					1				1						
5.65			1												
5.66			1				1								
5.67										1					
5.68										1	1				
5.69												1			
5.70												1	1		
TOTALS															

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207B/201-10	207B/202-8	207B/202-9	207B/202-10	207B/203-8	207B/203-9	207B/203-10	207B/204-8	207B/204-9	207B/204-10	207C/301-12	207C/301-13
5.1													
5.2													
5.3		1											
5.4												1	
5.5													1
5.6													
5.7													
5.8													
5.9													
5.10													
5.11													
5.12		1											
5.13												1	
5.14													1
5.15													
5.16													
5.17													
5.18													
5.19			1										
5.20				1									
5.21		1			1								
5.22												1	
5.23													1
5.24													
5.25													
5.26													
5.27													
5.28			1										
5.29				1									
5.30		1			1								
5.31												1	
5.32													1
5.33													
5.34													
5.35													
5.36													
5.37						1							
5.38							1						
5.39								1					
5.40													
5.41						1							
5.42							1						

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207B/201-10	207B/202-8	207B/202-9	207B/202-10	207B/203-8	207B/203-9	207B/203-10	207B/204-8	207B/204-9	207B/204-10	207C/301-12	207C/301-13
5.43								1					
5.44													
5.45						1			1				
5.46							1			1			
5.47								1			1		
5.48													
5.49						1			1				
5.50							1			1			
5.51								1			1		
5.52													
5.53													
5.54													
5.55													
5.56													
5.57													
5.58													
5.59													
5.60													
5.61													
5.62													
5.63													
5.64													
5.65													
5.66													
5.67													
5.68													
5.69													
5.70													
TOTALS													

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207C/301-14	207C/301-15	207C/301-16	207C/301-17	207C/302-12	207C/302-13	207C/302-14	207C/302-15	207C/302-16	207C/302-17	9052A/2	9052A/3
5.1												1	
5.2												1	
5.3												1	
5.4													
5.5													
5.6		1											
5.7			1										
5.8				1									
5.9					1								
5.10													
5.11													
5.12													
5.13													
5.14													
5.15		1											
5.16			1										
5.17				1									
5.18					1								
5.19												1	
5.20												1	
5.21												1	
5.22						1							
5.23							1						
5.24		1						1					
5.25			1						1				
5.26				1						1			
5.27					1						1		
5.28													
5.29													
5.30													
5.31						1							
5.32							1						
5.33		1						1					
5.34			1						1				
5.35				1						1			
5.36					1						1		
5.37													1
5.38													1
5.39													1
5.40													
5.41													
5.42													

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	207C/301-14	207C/301-15	207C/301-16	207C/301-17	207C/302-12	207C/302-13	207C/302-14	207C/302-15	207C/302-16	207C/302-17	9052A/2	9052A/3
5.43													
5.44													
5.45													1
5.46													1
5.47													1
5.48													
5.49													
5.50													
5.51													
5.52													
5.53													
5.54													
5.55													
5.56													
5.57													
5.58													
5.59													
5.60													
5.61													
5.62													
5.63													
5.64													
5.65													
5.66													
5.67													
5.68													
5.69													
5.70													
TOTALS													

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	9052A/4	9052A/6	9052A/7	9052A/8	9052B/98	9052B/99	9052B/100	9052B/102	9052B/103	9052B/104	9053A/2	9053A/3	9053A/4	9053A/6
5.1												1			
5.2												1			
5.3												1			
5.4						1									
5.5						1									
5.6						1									
5.7						1									
5.8						1									
5.9						1									
5.10			1												1
5.11			1												1
5.12			1												1
5.13									1						
5.14									1						
5.15									1						
5.16									1						
5.17									1						
5.18									1						
5.19												1			
5.20												1			
5.21												1			
5.22						1									
5.23						1									
5.24						1									
5.25						1									
5.26						1									
5.27						1									
5.28			1												1
5.29			1												1
5.30			1												1
5.31									1						
5.32									1						
5.33									1						
5.34									1						
5.35									1						
5.36									1						
5.37													1		
5.38													1		
5.39													1		
5.40							1								
5.41				1											
5.42				1											

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	9052A/4	9052A/6	9052A/7	9052A/8	9052B/98	9052B/99	9052B/100	9052B/102	9052B/103	9052B/104	9053A/2	9053A/3	9053A/4	9053A/6
5.43				1											
5.44										1					
5.45													1		
5.46													1		
5.47													1		
5.48							1								
5.49				1											
5.50				1											
5.51				1											
5.52										1					
5.53		1												1	
5.54								1							
5.55					1										
5.56											1				
5.57		1												1	
5.58								1							
5.59					1										
5.60											1				
5.61															
5.62															
5.63															
5.64															
5.65															
5.66															
5.67															
5.68															
5.69															
5.70															
TOTALS															

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	9053A/7	9053A/8	9053B/98	9053B/99	9053B/100	9053B/102	9053B/103	9053B/104	9052C/193	9052C/194	9053C/193	9053C/194
5.1													
5.2													
5.3													
5.4				1									
5.5				1									
5.6				1									
5.7				1									
5.8				1									
5.9				1									
5.10													
5.11													
5.12													
5.13							1						
5.14							1						
5.15							1						
5.16							1						
5.17							1						
5.18							1						
5.19													
5.20													
5.21													
5.22				1									
5.23				1									
5.24				1									
5.25				1									
5.26				1									
5.27				1									
5.28													
5.29													
5.30													
5.31							1						
5.32							1						
5.33							1						
5.34							1						
5.35							1						
5.36							1						
5.37													
5.38													
5.39													
5.40					1								
5.41		1											
5.42		1											

REPORT VALIDATION SPREADSHEET: POPULATION 5

Subpop. #	Subpop. Count	9053A/7	9053A/8	9053B/98	9053B/99	9053B/100	9053B/102	9053B/103	9053B/104	9052C/193	9052C/194	9053C/193	9053C/194
5.43		1											
5.44								1					
5.45													
5.46													
5.47													
5.48					1								
5.49		1											
5.50		1											
5.51		1											
5.52								1					
5.53													
5.54						1							
5.55			1										
5.56									1				
5.57													
5.58						1							
5.59			1										
5.60									1				
5.61										1		1	
5.62										1		1	
5.63											1		1
5.64											1		1
5.65													
5.66													
5.67													
5.68													
5.69													
5.70													
TOTALS													

THIS SECTION IS NOT APPLICABLE TO POPULATION 5.

REPORT VALIDATION SPREADSHEET: POPULATION 5

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
207A/101-2	UI, Total Dets	0				0	0.00%				
207A/101-3	UI, Total Redets	0				0	0.00%				
207A/101-5	UI, Total LD	0				0	0.00%				
207A/101-6	UI, Total MC Other	0				0	0.00%				
207A/102-2	UI, Total Denials	0				0	0.00%				
207A/102-3	UI, Redet Denials	0				0	0.00%				
207A/102-5	UI, LD Denials	0				0	0.00%				
207A/102-6	UI, MC Other Denials	0				0	0.00%				
207A/103-1	FE, Total	0				0	0.00%				
207A/104-1	FE, Total Denials	0				0	0.00%				
207A/105-1	CX, Total	0				0	0.00%				
207A/106-1	CX, Total Denials	0				0	0.00%				
207B/201-8	UI, VQ	0				0	0.00%				
207B/201-9	UI, MC	0				0	0.00%				
207B/201-10	UI, Other Sep	0				0	0.00%				
207B/202-8	UI, VQ Denials	0				0	0.00%				
207B/202-9	UI, MC Denials	0				0	0.00%				
207B/202-10	UI, Other Sep Denials	0				0	0.00%				
207B/203-8	FE, VQ	0				0	0.00%				
207B/203-9	FE, MC	0				0	0.00%				
207B/203-10	FE, Other Sep	0				0	0.00%				

REPORT VALIDATION SPREADSHEET: POPULATION 5

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
207B/204-8	FE, VQ Denials	0				0	0.00%				
207B/204-9	FE, MC Denials	0				0	0.00%				
207B/204-10	FE, MC Other Sep	0				0	0.00%				
207C/301-12	UI, A & A	0				0	0.00%				
207C/301-13	UI, DI	0				0	0.00%				
207C/301-14	UI, RSW	0				0	0.00%				
207C/301-15	UI, Reporting	0				0	0.00%				
207C/301-16	UI, Profiling	0				0	0.00%				
207C/301-17	UI, NS Other	0				0	0.00%				
207C/302-12	UI, A & A Denials	0				0	0.00%				
207C/302-13	UI, DI Denials	0				0	0.00%				
207C/302-14	UI, RSW Denials	0				0	0.00%				
207C/302-15	UI, Reporting Denials	0				0	0.00%				
207C/302-16	UI, Profiling Denials	0				0	0.00%				
207C/302-17	UI, NS Other Denials	0				0	0.00%				
207 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	
9052A/2	UI Intra Total Sep	0				0	0.00%				
9052A/3	FE Intra Total Sep	0				0	0.00%				
9052A/4	CX Intra Total Sep	0				0	0.00%				
9052A/6	UI Inter Total Sep	0				0	0.00%				
9052A/7	FE Inter Total Sep	0				0	0.00%				

REPORT VALIDATION SPREADSHEET: POPULATION 5

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
9052A/8	CX Inter Total Sep	0				0	0.00%				
9052B/98	UI Intra Total Non-Sep	0				0	0.00%				
9052B/99	FE Intra Total Non-Sep	0				0	0.00%				
9052B/100	CX Intra Total Non-Sep	0				0	0.00%				
9052B/102	UI Inter Total Non-Sep	0				0	0.00%				
9052B/103	FE Inter Total Non-Sep	0				0	0.00%				
9052B/104	CX Inter Total Non-Sep	0				0	0.00%				
9052 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	
9053A/2	UI Intra Total Sep	0				0	0.00%				
9053A/3	FE Intra Total Sep	0				0	0.00%				
9053A/4	CX Intra Total Sep	0				0	0.00%				
9053A/6	UI Inter Total Sep	0				0	0.00%				
9053A/7	FE Inter Total Sep	0				0	0.00%				
9053A/8	CX Inter Total Sep	0				0	0.00%				
9053B/98	UI Intra Total Non-Sep	0				0	0.00%				
9053B/99	FE Intra Total Non-Sep	0				0	0.00%				
9053B/100	CX Intra Total Non-Sep	0				0	0.00%				
9053B/102	UI Inter Total Non-Sep	0				0	0.00%				
9053B/103	FE Inter Total Non-Sep	0				0	0.00%				
9053B/104	CX Inter Total Non-Sep	0				0	0.00%				
9052C/193	MC Labor Detection	0				0	0.00%				

REPORT VALIDATION SPREADSHEET: POPULATION 5

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
9052C/194	MC Other Detection	0				0	0.00%				
9053C/193	MC Labor First Week	0				0	0.00%				
9053C/194	MC Other First Week	0				0	0.00%				
9053 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	

NOTES:

No values should appear in shaded cells.

$\text{COUNT \% DIFFERENCE} = (\text{REPORTED COUNT (RC)} - \text{VALIDATION COUNT (VC)})/\text{VC}$

For the TOTAL row, the $\text{ADJUSTED VALIDATION COUNT (AVC)} = \text{VC} - (\text{VC} * \% \text{ DUPLICATES})$, and $\text{COUNT \% DIFFERENCE} = (\text{RC} - \text{AVC})/\text{AVC}$.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 6

Subpop. #	Subpop. Count	ar5130B/200-8	ar5130B/200-10
6.1		1	
6.2			1
TOTALS			

THIS SECTION IS NOT APPLICABLE TO POPULATION 6.

REPORT VALIDATION SPREADSHEET: POPULATION 6

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
AR5130B/200-8	Single Claimant	0				0	0.00%		
AR5130B/200-10	Multi Claimant	0				0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 7

Subpop. #	Subpop. Count	ar5130B/200-9	ar5130B/200-11
7.1		1	
7.2			1
TOTALS			

REPORT VALIDATION SPREADSHEET: POPULATION 7

THIS SECTION IS NOT APPLICABLE TO POPULATION 7.

REPORT VALIDATION SPREADSHEET: POPULATION 7

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
AR5130B/200-9	Single Claimant	0				0	0.00%		
AR5130B/200-11	Multi Claimant	0				0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 8

Subpop. #	Subpop. Count	ar5130A/100-1	ar5130A/100-3	ar5130A/100-5	ar5130B/210-8	ar5130B/210-10	ar5130C/300-14	ar5130C/300-16	ar5130C/300-18	ar5130C/310-14	ar5130C/310-16	ar5130C/310-18	ar5130D/400-21	ar5130D/400-22	ar5130D/400-23
8.1		1			1		1			1			1		
8.2		1			1			1			1		1		
8.3		1			1		1						1		
8.4		1			1			1					1		
8.5		1			1		1			1			1		
8.6		1			1			1			1		1		
8.7		1			1		1						1		
8.8		1			1			1					1		
8.9		1			1		1			1				1	
8.10		1			1			1			1			1	
8.11		1			1		1							1	
8.12		1			1			1						1	
8.13		1			1		1			1				1	
8.14		1			1			1			1			1	
8.15		1			1		1							1	
8.16		1			1			1						1	
8.17		1			1		1			1					1
8.18		1			1			1			1				1
8.19		1			1		1								1
8.20		1			1			1							1
8.21		1			1		1			1					1
8.22		1			1			1			1				1
8.23		1			1		1								1
8.24		1			1			1							1
8.25		1			1		1			1					
8.26		1			1			1			1				
8.27		1			1		1								
8.28		1			1			1							
8.29		1			1		1			1					
8.30		1			1			1			1				
8.31		1			1		1								
8.32		1			1			1							
8.33		1			1		1			1					
8.34		1			1			1			1				
8.35		1			1		1								
8.36		1			1			1							
8.37		1			1		1			1					
8.38		1			1			1			1				
8.39		1			1		1								
8.40		1			1			1							
8.41			1												
8.42			1												
8.43				1											
8.44				1											
8.45		1				1	1			1					
8.46		1				1		1			1				
8.47		1				1	1								
8.48		1				1		1							

REPORT VALIDATION SPREADSHEET: POPULATION 8

Subpop. #	Subpop. Count	ar5130A/100-1	ar5130A/100-3	ar5130A/100-5	ar5130B/210-8	ar5130B/210-10	ar5130C/300-14	ar5130C/300-16	ar5130C/300-18	ar5130C/310-14	ar5130C/310-16	ar5130C/310-18	ar5130D/400-21	ar5130D/400-22	ar5130D/400-23
8.49		1				1	1			1					
8.50		1				1		1			1				
8.51		1				1	1								
8.52		1				1		1							
8.53						1									
8.54		1			1	1			1			1			
8.55		1			1	1			1						
TOTALS															

REPORT VALIDATION SPREADSHEET: POPULATION 8

Subpop. #	Subpop. Count	ar5130D/400-24	ar5130D/400-25	ar5130D/400-26	9054A/2	9054A/3
8.1					1	
8.2					1	
8.3					1	
8.4					1	
8.5						1
8.6						1
8.7						1
8.8						1
8.9					1	
8.10					1	
8.11					1	
8.12					1	
8.13						1
8.14						1
8.15						1
8.16						1
8.17					1	
8.18					1	
8.19					1	
8.20					1	
8.21						1
8.22						1
8.23						1
8.24						1
8.25		1			1	
8.26		1			1	
8.27		1			1	
8.28		1			1	
8.29		1				1
8.30		1				1
8.31		1				1
8.32		1				1
8.33				1	1	
8.34				1	1	
8.35				1	1	
8.36				1	1	
8.37				1		1
8.38				1		1
8.39				1		1
8.40				1		1
8.41					1	
8.42						1
8.43					1	
8.44						1
8.45			1		1	
8.46			1		1	
8.47			1		1	
8.48			1		1	

REPORT VALIDATION SPREADSHEET: POPULATION 8

Subpop. #	Subpop. Count	ar5130D/400-24	ar5130D/400-25	ar5130D/400-26	9054A/2	9054A/3
8.49				1	1	
8.50				1	1	
8.51				1	1	
8.52				1	1	
8.53						
8.54					1	
8.55					1	
TOTALS						

THIS SECTION IS NOT APPLICABLE TO POPULATION 8.

REPORT VALIDATION SPREADSHEET: POPULATION 8

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
AR5130A/100-1	UI Decisions	0				0	0.00%				
AR5130A/100-3	FE Decisions	0				0	0.00%				
AR5130A/100-5	CX Decisions	0				0	0.00%				
AR5130B/210-8	Single Disposed of	0				0	0.00%				
AR5130B/210-10	MC Disposed of	0				0	0.00%				
AR5130C/300-14	Total Claimant	0				0	0.00%				
AR5130C/300-16	Total Employer	0				0	0.00%				
AR5130C/300-18	Total Other	0				0	0.00%				
AR5130C/310-14	In favor of Claimant	0				0	0.00%				
AR5130C/310-16	In favor of Employer	0				0	0.00%				
AR5130C/310-18	In favor of Other	0				0	0.00%				
AR5130D/400-21	VQ	0				0	0.00%				
AR5130D/400-22	MC	0				0	0.00%				
AR5130D/400-23	RSW	0				0	0.00%				
AR5130D/400-24	A & A	0				0	0.00%				
AR5130D/400-25	LD	0				0	0.00%				
AR5130D/400-26	Other	0				0	0.00%				
5130 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	
9054A/2	Intrastate Total	0				0	0.00%				
9054A/3	Interstate Total	0				0	0.00%				
9054 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 9

Subpop. #	Subpop. Count	ar5130A/100-2	ar5130A/100-4	ar5130A/100-6	ar5130B/210-9	ar5130B/210-11	ar5130C/300-15	ar5130C/300-17	ar5130C/300-19	ar5130C/310-15	ar5130C/310-17	9054B/2	9054B/3
9.1		1			1		1			1		1	
9.2		1			1			1			1	1	
9.3		1			1		1					1	
9.4		1			1			1				1	
9.5		1			1		1			1			1
9.6		1			1			1			1		1
9.7		1			1		1						1
9.8		1			1			1					1
9.9			1									1	
9.10			1										1
9.11				1								1	
9.12				1									1
9.13		1				1	1			1		1	
9.14		1				1		1			1	1	
9.15		1				1	1					1	
9.16		1				1		1				1	
9.17		1				1	1			1			1
9.18		1				1		1			1		1
9.19		1				1	1						1
9.20		1				1		1					1
9.21						1							
9.22		1			1	1			1			1	
9.23		1			1	1			1			1	
TOTALS													

REPORT VALIDATION SPREADSHEET: POPULATION 9

THIS SECTION IS NOT APPLICABLE TO POPULATION 9.

REPORT VALIDATION SPREADSHEET: POPULATION 9

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	TIME LAPSE ERRORS	TIME LAPSE PASS/ FAIL	COMMENTS
AR5130A/100-2	UI Decisions	0				0	0.00%				
AR5130A/100-4	FE Decisions	0				0	0.00%				
AR5130A/100-6	CX Decisions	0				0	0.00%				
AR5130B/210-9	Single Claimant/Disposed	0				0	0.00%				
AR5130B/210-11	Multi Claimant/Disposed	0				0	0.00%				
AR5130C/300-15	Decision/Claimant	0				0	0.00%				
AR5130C/300-17	Decision/Employer	0				0	0.00%				
AR5130C/300-19	Decision/Other	0				0	0.00%				
AR5130C/310-15	Decision in Favor of Claimant	0				0	0.00%				
AR5130C/310-17	Decision in Favor of Employer	0				0	0.00%				
AR5130 TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	
9054B/2	Intrastate Total	0				0	0.00%				
9054B/3	Interstate Total	0				0	0.00%				
9054B TOTAL		0	0		0.00	0.00	0.00%	PASS		PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 10

Subpop. #	Subpop. Count	9055A/1
10.1		1
10.2		1
10.3		1
10.4		1
10.5		1
10.6		1
10.7		1
TOTALS		

THIS SECTION IS NOT APPLICABLE TO POPULATION 10.

REPORT VALIDATION SPREADSHEET: POPULATION 10

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
9055A/1	Total Aging	0				0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES: ***No values should appear in shaded cells.***

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 11

Subpop. #	Subpop. Count	9055B/1
11.1		1
11.2		1
11.3		1
11.4		1
11.5		1
11.6		1
TOTALS		

REPORT VALIDATION SPREADSHEET: POPULATION 11

THIS SECTION IS NOT APPLICABLE TO POPULATION 11.

REPORT VALIDATION SPREADSHEET: POPULATION 11

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	COMMENTS
9055B/1	Total Aging	0				0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	

NOTES: ***No values should appear in shaded cells.***

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 12

Subpop. #	Subpop. Count	227A/101-1	227A/101-2	227A/102-1	227A/102-2	227A/103-1	227A/103-2	227A/104-1	227A/104-2	227A/105-1	227A/105-2	227A/106-1	227A/106-2	227A/107-1	227A/107-2
12.1		1													
12.2				1											
12.3						1									
12.4								1							
12.5										1					
12.6												1			
12.7														1	
12.8			1												
12.9					1										
12.10							1								
12.11									1						
12.12											1				
12.13													1		
12.14															1
TOTALS															

REPORT VALIDATION SPREADSHEET: POPULATION 12

Subpop. #	UI Amount	Federal Amount	227A/101-3	227A/101-4	227A/102-3	227A/102-4	227A/103-3	227A/103-4	227A/104-3	227A/104-4	227A/105-3	227A/105-4	227A/106-3	227A/106-4	227A/107-3	227A/107-4
12.1	x	x	1													
12.2	x	x			1											
12.3	x	x					1									
12.4	x	x							1							
12.5	x	x									1					
12.6	x	x											1			
12.7	x	x													1	
12.8		x		1												
12.9		x				1										
12.10		x						1								
12.11		x								1						
12.12		x										1				
12.13		x												1		
12.14		x														1
TOTALS																

REPORT VALIDATION SPREADSHEET: POPULATION 12

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	COMMENTS
227A/101-1	Fraud - UI #	0				0	0.00%							
227A/101-2	Fraud - FE/X #	0				0	0.00%							
227A/101-3	Fraud - UI \$								\$0		\$0	0.00%		
227A/101-4	Fraud - FE/X \$								\$0		\$0	0.00%		
227A/102-1	Reversal - UI #	0				0	0.00%							
227A/102-2	Reversal - FE/X #	0				0	0.00%							
227A/102-3	Reversal - UI \$								\$0		\$0	0.00%		
227A/102-4	Reversal - FE/X \$								\$0		\$0	0.00%		
227A/103-1	SESA - UI #	0				0	0.00%							
227A/103-2	SESA - FE/X #	0				0	0.00%							
227A/103-3	SESA - UI \$								\$0		\$0	0.00%		
227A/103-4	SESA - FE/X \$								\$0		\$0	0.00%		
227A/104-1	Employer - UI #	0				0	0.00%							
227A/104-2	Employer - FE/X #	0				0	0.00%							
227A/104-3	Employer - UI \$								\$0		\$0	0.00%		
227A/104-4	Employer - FE/X \$								\$0		\$0	0.00%		
227A/105-1	Claimant - UI #	0				0	0.00%							
227A/105-2	Claimant - FE/X #	0				0	0.00%							
227A/105-3	Claimant - UI \$								\$0		\$0	0.00%		
227A/105-4	Claimant - FE/X \$								\$0		\$0	0.00%		
227A/106-1	Admin - UI #	0				0	0.00%							
227A/106-2	Admin - FE/X #	0				0	0.00%							
227A/106-3	Admin - UI \$								\$0		\$0	0.00%		
227A/106-4	Admin - FE/X \$								\$0		\$0	0.00%		
227A/107-1	Other - UI #	0				0	0.00%							
227A/107-2	Other - FE/X #	0				0	0.00%							

REPORT VALIDATION SPREADSHEET: POPULATION 12

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	COMMENTS
227A/107-3	Other - UI \$								\$0		\$0	0.00%		
227A/107-4	Other - FE/X \$								\$0		\$0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	\$0	\$0	\$0	0.00%	PASS	

NOTES: **No values should appear in shaded cells.**

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT VALIDATION SPREADSHEET: POPULATION 13

Subpop. #	Subpop. Count	227B/204-7	227B/204-8	227B/205-5	227B/205-6	227B/205-7	227B/205-8	227B/207-5	227B/207-6	227B/207-7	227B/207-8
13.1											
13.2											
13.3				1							
13.4											
13.5								1			
13.6											
13.7											
13.8					1						
13.9											
13.10									1		
13.11											
13.12											
13.13		1									
13.14						1					
13.15											
13.16										1	
13.17											
13.18											
13.19			1								
13.20							1				
13.21											
13.22											1
TOTALS											

REPORT VALIDATION SPREADSHEET: POPULATION 13

Subpop. #	UI Amount	Federal Amount	227B/202-9	227B/202-10	227B/202-11	227B/202-12	227B/203-9	227B/203-10	227B/203-11	227B/203-12	227B/204-11	227B/204-12
13.1	x	x	1									
13.2	x	x					1					
13.3	x	x										
13.4	x	x										
13.5	x	x										
13.6		x		1								
13.7		x						1				
13.8		x										
13.9		x										
13.10		x										
13.11	x	x			1							
13.12	x	x							1			
13.13	x	x									1	
13.14	x	x										
13.15	x	x										
13.16	x	x										
13.17		x				1						
13.18		x								1		
13.19		x										1
13.20		x										
13.21		x										
13.22		x										
TOTALS												

REPORT VALIDATION SPREADSHEET: POPULATION 13

Subpop. #	UI Amount	Federal Amount	227B/205-9	227B/205-10	227B/205-11	227B/205-12	227B/206-9	227B/206-10	227B/206-11	227B/206-12	227B/207-9	227B/207-10
13.1	x	x										
13.2	x	x										
13.3	x	x	1									
13.4	x	x					1					
13.5	x	x									1	
13.6		x										
13.7		x										
13.8		x		1								
13.9		x						1				
13.10		x										1
13.11	x	x										
13.12	x	x										
13.13	x	x										
13.14	x	x			1							
13.15	x	x							1			
13.16	x	x										
13.17		x										
13.18		x										
13.19		x										
13.20		x				1						
13.21		x								1		
13.22		x										
TOTALS												

REPORT VALIDATION SPREADSHEET: POPULATION 13

Subpop. #	UI Amount	Federal Amount	227B/207-11	227B/207-12
13.1	x	x		
13.2	x	x		
13.3	x	x		
13.4	x	x		
13.5	x	x		
13.6		x		
13.7		x		
13.8		x		
13.9		x		
13.10		x		
13.11	x	x		
13.12	x	x		
13.13	x	x		
13.14	x	x		
13.15	x	x		
13.16	x	x	1	
13.17		x		
13.18		x		
13.19		x		
13.20		x		
13.21		x		
13.22		x		1
TOTALS				

REPORT VALIDATION SPREADSHEET: POPULATION 13

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	COMMENTS
227B/202-9	Cash - UI Fraud \$								\$0		\$0	0.00%		
227B/202-10	Cash - FE/X Fraud \$								\$0		\$0	0.00%		
227B/202-11	Cash - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/202-12	Cash - FE/X Non-Fraud \$								\$0		\$0	0.00%		
227B/203-9	Offset - UI Fraud \$								\$0		\$0	0.00%		
227B/203-10	Offset - FE/X Fraud \$								\$0		\$0	0.00%		
227B/203-11	Offset - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/203-12	Offset - FE/X Non-Fraud \$								\$0		\$0	0.00%		
227B/204-7	Waived - UI Non-Fraud #	0				0	0.00%							
227B/204-8	Waived - FE/X Non-Fraud #	0				0	0.00%							
227B/204-11	Waived - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/204-12	Waived - FE/X Non-Fraud \$								\$0		\$0	0.00%		
227B/205-5	Written Off - UI Fraud #	0				0	0.00%							
227B/205-6	Written Off - FE/X Fraud #	0				0	0.00%							
227B/205-7	Written Off - UI Non-Fraud #	0				0	0.00%							
227B/205-8	Written Off - FE/X Non-Fraud #	0				0	0.00%							
227B/205-9	Written Off - UI Fraud \$								\$0		\$0	0.00%		
227B/205-10	Written Off - FE/X Fraud \$								\$0		\$0	0.00%		
227B/205-11	Written Off - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/205-12	Written Off - FE/X Non-Fraud \$								\$0		\$0	0.00%		
227B/206-9	Addition - UI Fraud \$								\$0		\$0	0.00%		
227B/206-10	Addition - FE/X Fraud \$								\$0		\$0	0.00%		
227B/206-11	Addition - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/206-12	Addition - FE/X Non-Fraud \$								\$0		\$0	0.00%		
227B/207-5	Subtraction - UI Fraud #	0				0	0.00%							
227B/207-6	Subtraction - FE/X Fraud #	0				0	0.00%							
227B/207-7	Subtraction - UI Non-Fraud #	0				0	0.00%							
227B/207-8	Subtraction - FE/X Non-Fraud #	0				0	0.00%							

REPORT VALIDATION SPREADSHEET: POPULATION 13

REPORT/CELL	DESCRIPTION	VALIDATION COUNT	REPORTED COUNT	% DUPL. ERRORS	ADJUSTED VALIDATION COUNT	COUNT DIFFERENCE	COUNT % DIFFERENCE	COUNT PASS/ FAIL	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	COMMENTS
227B/207-9	Subtraction - UI Fraud \$								\$0		\$0	0.00%		
227B/207-10	Subtraction - FE/X Fraud \$								\$0		\$0	0.00%		
227B/207-11	Subtraction - UI Non-Fraud \$								\$0		\$0	0.00%		
227B/207-12	Subtraction - FE/X Non-Fraud \$								\$0		\$0	0.00%		
TOTAL		0	0		0.00	0.00	0.00%	PASS	\$0	\$0	\$0	0.00%	PASS	

NOTES:

No values should appear in shaded cells.

COUNT % DIFFERENCE = (REPORTED COUNT (RC) - VALIDATION COUNT (VC))/VC

For the TOTAL row, the ADJUSTED VALIDATION COUNT (AVC) = VC - (VC * % DUPLICATES), and COUNT % DIFFERENCE = (RC - AVC)/AVC.

If the COUNT % DIFFERENCE in any row is greater than +/- 2%, the COUNT PASS/FAIL column will indicate a FAIL. In the applicable populations, the \$ % DIFFERENCE and \$ PASS/FAIL are calculated in the same way that COUNT figures are calculated. If duplicate counts are found in populations in which dollar figures are validated, the VALIDATION \$ amount will be inflated as a result. It is not possible to adjust VALIDATION \$ on the basis of duplicate counts.

In the applicable populations, the TIME LAPSE PASS/FAIL column will indicate a FAIL if there are any time lapse errors for the population.

For ETA 9050, 9051, 9052, and 9054, the spreadsheets refer to the "C" cell numbers on the UI Performs version of each specifications document.

The AVC and COUNT DIFFERENCE are rounded to two decimal places although the COUNT % DIFFERENCE is calculated using the exact figures.

REPORT ITEM VALIDATION SPREADSHEET: POPULATION 14

PAGE A IS NOT APPLICABLE TO POPULATION 14.

REPORT VALIDATION SPREADSHEET: POPULATION 14

Subpop. #	UI Amount Receivable	Federal Amount Receivable	227E/501-21	227E/501-22	227E/502-21	227E/502-22	227E/503-21	227E/503-22	227E/504-21	227E/504-22	227E/505-21	227E/505-22	227E/506-21	227E/506-22
14.1	X	X	1											
14.2	X	X			1									
14.3	X	X					1							
14.4	X	X							1					
14.5	X	X									1			
14.6	X	X											1	
14.7		X		1										
14.8		X				1								
14.9		X						1						
14.10		X								1				
14.11		X										1		
14.12		X												1
TOTALS														

REPORT ITEM VALIDATION SPREADSHEET: POPULATION 14

REPORT/CELL	DESCRIPTION	VALIDATION \$	REPORTED \$	\$ DIFFERENCE	\$ % DIFFERENCE	\$ PASS/ FAIL	COMMENTS
227E/501-21	UI < 90	\$0		\$0	0.00%		
227E/501-22	FE/X < 90	\$0		\$0	0.00%		
227E/502-21	UI 81-180	\$0		\$0	0.00%		
227E/502-22	FE/X 81-180	\$0		\$0	0.00%		
227E/503-21	UI 181-270	\$0		\$0	0.00%		
227E/503-22	FE/X 181-270	\$0		\$0	0.00%		
227E/504-21	UI 271-380	\$0		\$0	0.00%		
227E/504-22	FE/X 271-380	\$0		\$0	0.00%		
227E/505-21	UI 381-480	\$0		\$0	0.00%		
227E/505-22	FE/X 381-480	\$0		\$0	0.00%		
227E/506-21	UI > 480	\$0		\$0	0.00%		
227E/506-22	FE/X > 480	\$0		\$0	0.00%		
TOTAL		\$0	\$0	\$0	0.00%	PASS	

NOTES: ***No values should appear in shaded cells.***

The \$ % DIFFERENCE equals \$ DIFFERENCE/VALIDATION \$. If the \$ % DIFFERENCE in the TOTAL row is greater than +/- 2%, the \$ PASS/FAIL column will indicate a FAIL.

APPENDIX C
INDEPENDENT COUNT

APPENDIX C IS ONLY APPLICABLE TO POPULATIONS FOR WHICH THE STATE HAS PRODUCED THE RV FILES FROM THE SAME EXTRACT FILES USED TO PRODUCE THE FEDERAL REPORTS. (SEE DISCUSSION ON PAGES A.2 AND A.3, TABLE A.1)

A. PURPOSE

The validation exercises described in Modules 1.1, 1.2, and 1.3 and those outlined in Module 2 address the validation of all UI transactions that have been *included* in federal reports. However, it is also important to confirm that no transactions have been improperly or systematically *excluded* from the federal reports. Although this problem is a difficult one, it is important to ensure that funding, economic statistics, and performance outcomes have not been biased by the systematic elimination of particular types of transactions.

This module is not applicable for States that produce the RV files directly from the benefits database, because the RV reconstruction process itself constitutes an independent count. When the RV file is produced from the same file used to produce the federal reports, it is necessary to conduct an independent count in order to identify any errors that may have occurred in the federal reports, since these errors will be duplicated in the reconstruction file.

Table C.1 on page C.4 indicates the conditions that require conducting an independent count.

Table C.2 on page C.5 provides the criteria required to conduct the independent count.

B. MATERIALS (ADP STAFF)

Task 1. Produce Independent Count Files

ADP staff create independent total counts of transactions from the main database for comparison with counts generated on the extract files used to create the federal reports. In general, the way that the independent count is created is the obverse of the way that the RV file is created. The RV file should be programmed from the bottom up, by selecting only the issue codes and criteria indicated on the file specification. However, the independent count should be programmed from the top down, by including all issue codes relevant to a population and then subtracting observations not indicated on the file specification.

Table C.1 indicates when independent count validation is required. There are six typical scenarios for how States produce federal reports and reconstruct counts for validation. The Federal Report Source column indicates, for each scenario, the source files that States use to generate report counts. States may use different source files for different types of transactions. The Validation Reconstruction Source column indicates, for each scenario, the source files that States use to reconstruct lists of transactions for validation.

The Independent Count Required column of Table C.1 indicates whether the State should conduct independent count validation for transaction types that match the report and validation scenario. Each State has to determine which scenario is used to generate the federal report and reconstruction count.

Table C.2 describes independent count criteria for each population.

Task 2. Produce Independent Count Summary Spreadsheet

The independent count summary spreadsheet (see Appendix D) helps the State to compare the reported and validation counts with the results of the independent count procedure. Validation staff enter the results of the independent count and the reported and validation counts onto the spreadsheet.

Task 3. Transfer Counts from Independent Count Summary Spreadsheet to the RV Summary Spreadsheet

(See Module 1.1 for a detailed explanation of the purpose and construct of the RV Summary Spreadsheet.)

TABLE C.1

FEDERAL REPORTING AND VALIDATION CONFIGURATIONS

Scenario	Transactions Overwritten on Database	Federal Report Source			Data Validation			Independent Count Required
		Program Type	Source	Timing	Program Type	Source	Timing	
1	No	Count	Database	Snapshot (for reporting period)	Detail Record Extract (DRE)	Database	Snapshot	No
2	No	Count	Stat file	Daily	DRE	Database	Snapshot	No
3	No	DRE	Database	Snapshot (for reporting period)	DRE	Database	Snapshot	Yes
4	No	DRE	Stat file	Daily	DRE	Stat file	Daily	Yes
5	Yes	DRE	Stat file	Daily	DRE	Stat file	Daily	NA
6	Yes	Count	Stat file	Daily	must create a daily extract	NA	NA	NA

TABLE C.2

INDEPENDENT COUNT CRITERIA, BY POPULATION (USING QUERY CAPABILITY)¹

Population Description	Independent Count Criteria	Validation Count and Reported Count Criteria
1 - Weeks Claimed	Count all dates when weeks were claimed within the month. Subtract duplicates, ineligible claims, special programs.	Validation Count: sum of subpopulations 1.1-1.6 Reported Count: ETA 5159, sum of lines 201-203, columns 9 and 12
2 - Final Payments	Recreate the logic used to count final payments. ² Subtract special programs.	Validation Count: sum of subpopulations 2.1-2.4 Reported Count: sum of ETA 5159, line 303, columns 26-28
3 - Claims Filed	Count all claims filed dates within the month. Subtract duplicates, special programs, and filed dates for interstate agent claims (if the State maintains these dates).	Validation Count: sum of subpopulations 3.1-3.21, 3.25-3.27, 3.41-3.46 Reported Count: ETA 5159, lines 101-103, columns 2-6
4 - Payments	Count all payment mailed dates within the month. Subtract replacement checks. Subtract duplicate week-ending dates but not duplicate mail dates (if the State pays biweekly).	Validation Count: sum of subpopulations 4.1-4.42, 4.52-4.53, columns 10-12 (dollars paid) Reported Count: ETA 5159, sum of line 302, columns 14, 17 (amounts compensated)
5 - Nonmonetary Determinations/Redeterminations	Count all notice mailed dates within the quarter. For informal determinations without a mailed date, include determination date. Subtract issue codes that do not represent reportable nonmonetary determinations, duplicates, or special programs.	Validation Count: sum of subpopulations 5.1-5.70 Reported Count: sum of ETA 207, lines 101, 103, 105, column 1
6 - Appeals Filed, Lower Authority	Count all appeal filed dates within the month.	Validation Count: count of subpopulation 6.1 Reported Count: ETA 5130, line 200, column 8
7 - Appeals Filed, Higher Authority	Count all appeal filed dates within the month.	Validation Count: count of subpopulation 7.1 Reported Count: ETA 5130, line 200, column 9
8 - Appeals Decisions, Lower Authority	Count all decision mailed dates within the month being validated.	Validation Count: sum of subpopulations 8.1-8.52, 8.54-8.55 Reported Count: ETA 5130, line 100, columns 1,3,5
9 - Appeals Decisions, Higher Authority	Count all decision mailed dates within the month being validated.	Validation Count: sum of subpopulations 9.1-9.20, 9.22, 9.23 Reported Count: ETA 5130, line 100, columns 2,4,6
10 - Pending Appeals, Lower Authority	Count all appeals without a decision date at the end of the month.	
11 - Pending Appeals, Higher Authority	Count all appeals without a decision date at the end of the month.	
12 - Overpayments Established	Count all overpayments established dates within the quarter.	Validation Count: sum of subpopulations 12.1-12.14 Reported Count: ETA 227, lines 101-107, columns 1 and 2
13 - Overpayment Reconciliation Transactions	Count all reconciliation activities within the quarter.	Validation Count: sum of subpopulations 13.1-13.22 Reported Count: ETA 227, lines 202-207, columns 5-8
14 - Age of Overpayments	Count all overpayments with a balance greater than zero at the end of the quarter.	

¹Populations 10, 11, and 14 cannot be reconstructed from a statistical file, so an independent count is not necessary.

²There are multiple ways to specify how to create an independent count of final payments.

C. METHODOLOGY (VALIDATION STAFF)

Task 1

The ADP staff generate counts from the main database, according to the specified independent count criteria (Table C.2). Compare the counts from the database with counts generated on the extract files used to create the federal reports.

Task 2

Either manually enter or have the ADP staff download the results onto the independent count summary spreadsheet. Also enter the corresponding validation counts and reported counts from the RV summary spreadsheets onto the independent count summary spreadsheet.

Task 3

Compare the results of the independent count with the corresponding adjusted validation counts and reported counts.

Task 4

Calculate the % Differences by dividing both the reported count and the adjusted validation count by the independent count. **If the resulting figure is greater than plus or minus two percent, the population fails.**

D. EXAMPLE

Figure C.1 shows a sample of an independent count summary spreadsheet for lower authority appeals decisions. The columns for reported counts and adjusted validation counts are either manually completed or are downloaded from the RV summary spreadsheet. The independent count is derived by generating a count of all lower authority appeals decision dates that fall within the period being validated. Percentage differences between the reported count and the independent count and between the adjusted validation count and the independent count are calculated according to the following formula:

Reported count or adjusted validation count minus the independent count divided by the independent count times 100 equals the % difference.

Example: $(90-86)/86 * 100 = 4.65\%$ (fail)
Figure C.1

FIGURE C.1
VALIDATION POPULATION 8
INDEPENDENT COUNT
SUMMARY SPREADSHEET

POPULATION	REPORT/RECONSTRUCTION DATA SOURCE	REPORTED COUNT	ADJUSTED VALIDATION COUNT	INDEPENDENT COUNT*	% DIFFERENCES		ADJUSTED INDEPENDENT COUNT	PASS/ FAIL	COMMENTS
					REPORTED COUNT/ INDEPENDENT COUNT	ADJUSTED VALIDATION COUNT/ INDEPENDENT COUNT			
1									
2									
3									
4									
5									
6									
7									
*8	extract file	90	90	86	4.65%	4.65%		FAIL	
9									
10									
11									
12									
13									
14									

*1The independent count may be higher than the validation count if it includes observations in issue codes not specified on the RV file specification.
An adjusted validation count may be calculated in these circumstances, and should be explained in the comments column.

E. RESULTS

The results of this procedure are compared both with the reported count and the adjusted validation count from the RV summary spreadsheet. The independent count may legitimately be higher than the validation count if it includes observations that deliberately had not been specified on the RV files (e.g., certain issue codes or payment types that are not reported). Otherwise, if the differences in counts are within 2%, no action is required. If they are significant, research must be conducted to determine the source of the problem and the solution.

NOTE: Although the threshold is set at $\pm 2\%$ for each population as a whole, it is quite possible that there may be a significant percentage of transactions in a subpopulation that were either over-reported or under-reported. State and regional validation staff should investigate these occurrences and record the causes of such variances in the comments column of the RV summary spreadsheet.

APPENDIX D

INDEPENDENT COUNT SUMMARY SPREADSHEET

INDEPENDENT COUNT
SUMMARY SPREADSHEET

POPULATION	REPORT/RECONSTRUCTION DATA SOURCE	REPORTED COUNT	ADJUSTED VALIDATION COUNT	INDEPENDENT COUNT	% DIFFERENCES		ADJUSTED INDEPENDENT COUNT	PASS/ FAIL	COMMENTS
					REPORTED COUNT/ INDEPENDENT COUNT	ADJUSTED VALIDATION COUNT/ INDEPENDENT COUNT			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

The independent count may legitimately be higher than the validation count if it includes observations in issue codes not specified on the RV printout.

APPENDIX E

TRANSACTION VALIDATION WORKSHEETS

PURPOSE

This appendix provides facsimiles of the TV worksheets used in Modules 2 and 3. The worksheets provide standardization of the TV procedures for each population and subpopulation.

The worksheets must be programmed, in advance, by State ADP staff. The format, including column headers, must be designed exactly as shown on the accompanying hardcopy facsimiles of each worksheet, by population.

VALIDATION POPULATION 1

WEEKS CLAIMED - WEEK WAS CLAIMED DURING REPORTING/VALIDATION PERIOD

State: _____
 Reporting Period: _____
 Validator: _____
 Date: _____

Data Source: _____
 Database: _____
 Extract File: _____
 Other (specify): _____

		Match													Excessive Earnings		
Obs #	Subpop	1 (Step 1A) Week Claimed	2 (Step 1A) SSN	T	3 (Step 2) Type of UI Program	T	4 (Step 4) Program Type	T	5 (Step 5) Intrastate/ Interstate	T	6 (Step 11) (Rule 1) Date Week Claimed	T	7 (Step 11) (Rule 2) Monetarily Eligible or Pending	T	8 (Step 11) (Rule 3) Earnings	9 (Step 11) (Rule 3) WBA	T

VALIDATION POPULATION 2

FINAL PAYMENTS

State: _____
 Reporting Period: _____
 Validator: _____
 Date: _____

Data Source: _____
 Database: _____
 Extract File: _____
 Other (specify): _____

		Match																
Obs #	Subpop	1 (Step 1C) SSN	2 (Step 1C) Check # Unique ID	T	3 (Step 2) Type of UI Program	T	4 (Step 4) Program Type	T	5 (Step 9A) MBA	6 (Step 9A) WBA	7 (Step 9A) Actual Weeks of Duration	T	8 (Step 9B) Maximum Duration	T	9 (Step 10C) Mail Date of Final Payment	T	10 (Step 10C) Balance	T

CLAIMS - BENEFIT YEARS ESTABLISHED - MONETARIES
CLAIM FILED DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Data Source: _____
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

VALIDATION POPULATION 3

ADDITIONAL CLAIMS BENEFIT YEARS ESTABLISHED - MONETARIES CLAIM FILED DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

State: _____
Reporting Period: _____
Validator: _____
Date: _____

Data Source: _____
Database: _____
Extract File: _____
Other (specify): _____

		Match																			
		1 (Step 1A)		2 (Step 1B) (Step 3B)		3 (Step 2)		4 (Step 3B)		5 (Step 4)		6 (Step 5)		7 (Step 3B) (Rule 2)		8 (Step 3B) (Rule 3)		9 (Step 3B) (Rule 4)		10 (Step 3B) (Rule 5)	
Obs#	Subpop	SSN	T	Date Claim Filed	T	Type of UI Program	T	Type of Claim	T	Program Type	T	Intrastate/ Interstate	T	Unclaimed Week	T	Separation Date	T	Last Employer	T	Separation Reason	T

PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

**NON-MONETARY DETERMINATIONS AND REDETERMINATIONS
NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD**

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

VALIDATION POPULATION 6

APPEALS FILED - LOWER

State: _____
 Reporting Period: _____
 Validator: _____
 Date: _____

Data Source: _____
 Database: _____
 Extract File: _____
 Other (specify): _____

		Match										
Obs Number	Subpopulation	1 (Step 1E)	2 (Step 1E)		3 (Step 24A)		4 (Step 25A) (Step 25B)		5 (Step 25B)		6 (Step 32)	
		SSN	Docket Number Unique ID	T	Lower Authority Appeal	T	Single or Multiclient	T	Number of Claimants	T	Date Filed	T

VALIDATION POPULATION 7

APPEALS FILED - HIGHER

State: _____
 Reporting Period: _____
 Validator: _____
 Date: _____

Data Source: _____
 Database: _____
 Extract File: _____
 Other (specify): _____

		Match										
Obs Number	Subpopulation	1 (Step 1E)	2 (Step 1E)		3 (Step 24B)		4 (Step 25A) (Step 25B)		5 (Step 25B)		6 (Step 32)	
		SSN	Docket Number Unique ID	T	Higher Authority Appeal	T	Single or Multiclient	T	Number of Claimants	T	Date Filed	T

LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

VALIDATION POPULATION 10

LOWER AUTHORITY APPEALS CASE AGING APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED SORT BY DAYS PENDING WITHIN EACH CATEGORY

State: _____
Reporting Period: _____
Validator: _____
Date: _____

Data Source: _____
Database: _____
Extract File: _____
Other (specify): _____

		Match										
Obs #	Subpop	1 (Step 1E)	2 (Step 1E)		3 (Step 24A)		4 (Step 29B)		5 (Step 30B)		6 (Step 32)	
		SSN	Docket # Unique ID	T	Lower Authority Appeal	T	Time Lapse	T	Appeal Pending	T	Filed Date	T

HIGHER AUTHORITY APPEALS CASE AGING APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED SORT BY DAYS PENDING WITHIN EACH CATEGORY

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

OVERPAYMENTS ESTABLISHED - SORTED BY CAUSES
ETA 227 - SECTION A

Data Source:
Database: _____
Extract File: _____
Other (specify): _____

[illegible]

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

State: _____
Reporting Period: _____
Validator: _____
Date: _____

Data Source: _____
Database: _____
Extract File: _____
Other (specify): _____

		Match											Amount Error		
Obs #	Subpop	1 (Step 1H) SSN	2 (Step 1H) Unique ID	T	3 (Step 4) Program Type	T	4 (Step 33) Type of Overpayment	T	5 (Step 38) Activity	T	6 (Step 39) Date of Activity	T	7 (Step 40) UI Amount	8 (Step 40) Federal Amount	T

VALIDATION POPULATION 14

AGE OF OVERPAYMENTS

State: _____
 Reporting Period: _____
 Validator: _____
 Date: _____

Data Source: _____
 Database: _____
 Extract File: _____
 Other (specify): _____

		Match																
		1 (Step 1G)	2 (Step 1G)		3 (Step 36)		4 (Step 4)		5 (Step 41)		6 (Step 43)		7 (Step 43)		8 (Step 42)		9 (Step 42)	
Obs #	Subpop	SSN	Unique ID	T	Date Established	T	Program Type	T	Outstanding Overpayment	T	End of Reporting Period	T	Age of Receivables in Days	T	UI Balance at End of Quarter	T	Federal Balance at End of Quarter	T

APPENDIX F

SUMMARY AND ANALYTICAL REPORTS

APPENDIX F: TRANSACTION VALIDATION SUMMARY AND ANALYTICAL REPORTS

Data are derived from the total sample; the number of sampled observations is entered in the Total Sample column of each report. The sample number and relevant subpopulations are indicated in parentheses next to each sample name, and reference the validator to the sampling specifications in Table A.3 (page A.76). Column headings on the reports correspond to column headings on the TV file specifications and worksheets, and include both the corresponding column number and step number. Selected subpopulations in the samples may not have values under every column. The number of errors entered in each such column is obtained from the total errors in the corresponding column on the TV worksheet. The step numbers reference the appropriate section of the State-specific instructions, so that the validator can further research observed errors.

The error type columns are hierarchically arranged on the reports as follows: 1) invalid transactions, 2) reporting errors, 3) amounts errors (if applicable), 4) time lapse errors (if applicable), and 5) status errors (if applicable). As explained in Module 2, percent error is always calculated for random samples, but cannot be calculated for supplemental samples.

UIS should incorporate the summary and analytical report formats into the UIDB system so that the States can directly report the validation findings. In addition, the comprehensive nature of the RV file and sampling specifications enables the UIS and the States to perform both broader and more targeted analyses. Certain issues can be reviewed across populations (eg. UCFE/UCX program type errors, intrastate/interstate errors, workshare errors), and a benchmark for a State's overall level of error can be established.

Validation Population 1 - Weeks Claimed - Quality Summary													
Samples		Total Sample	Invalid Weeks Claimed						Reporting Characteristic Errors				
			1 & 2 (Step 1A)	6 (Step 11)	7 (Step 11)	8 & 9 (Step 11)			3 (Step 2)	4 (Step 4)	5 (Step 5)		
			Match	Date Week Claimed	Monetarily Eligible or Pending	Excess Earnings	Total Errors	Percent Error	Type of UI Program	Program Type	Intra/ Inter	Total Errors	Percent Error
Random	Intrastate Weeks Claimed (1/1.1-1.3)							Divide by total sample					Divide by total sample
	Interstate Weeks Claimed Received as Liable State (2/1.4-1.6)												
	Random Total												
Supplemental	Interstate Weeks Claimed Filed from Agent State (3/1.7-1.9)												
	Intrastate Workshare (4/1.10)												

Validation Population 2 - Final Payments - Quality Summary															
		Total Sample	Invalid Final Payments					Reporting Characteristic Errors				Final Payments Status Errors (218)			
			1 & 2 (Step 1C) Match	9 (Step 10C) Mail Date of Final Payment	10 (Step 10C) Balance	Total Errors	Percent Error	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	Total Errors	Percent Error	7 (Step 9A) Actual Weeks of Duration	8 (Step 9B) Maximum Potential Weeks of Duration	Total Errors	Percent Error
Random	Final Payment (5/2.1-2.4)						Divide by total sample				Divide by total sample				Divide by total sample
Supplemental	Workshare Final Payments (6/2.5)														

Validation Population 3 - Claims and Claims Status - Quality Summary #1

Samples		Total Sample	Invalid Claims					Reporting Characteristic Errors					Claims Status Errors (ETA 218)					
			1 (Step 1B)	2 (Step 3A) (Step 3C) (Rule 1)	4 (Step 3)			4 (Step 2)	6 (Step 4)	5 (Step 5)			7 (Step 6A)	8 (Step 6C) (Step 6D)	11 (Step 8A)	12 (Step 8B)		
			Match	Date Claim Filed	Type of Claim	Total Errors	Percent Error	Type of UI Program	Prog Type	Intra/ Inter	Total Errors	Percent Error	Date of Original Monetary	Suff Insuff Date Wages Combined	Potential Weeks of Duration	Maximum Potential Weeks of Duration	Total Errors	Percent Error
Random	New UI Claims (7/3.1-3.14)						Divide by total sample					Divide by total sample						Divide by total sample
Supplemental	New UI Claims (7/3.1-3.14)																	
	New UCFE/UCX Claims (8/3.15-3.18)																	
	Interstate Filed from Agent St. (9/3.19-3.21)																	
	Interstate Taken as Agent St. (10/3.22-3.24)																	
	Monetary w/o New Claim (13/3.40-3.45)																	
	Entering Self-employment (14/3.46)																	
	New Workshare Claims (15/3.47)																	
	Workshare Additional Claims (17/3.55)																	

Validation Population 3 - Claims and Claims Status - Quality Summary #2												
Sample		Total Sample	Invalid Transitional Claims					Reporting Characteristic Errors				
			1 (Step 1B) Match	2 (Step 3A) (Step 3C) (Rule 1) Date Claim Filed	4 (Step 3) Type of Claim	Total Errors	Percent Error	3 (Step 2) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intra/ Inter	Total Errors	Percent Error
Random	Intra/Interstate Transitional Claims (11/3.25-3.33)						Divide by total sample					Divide by total sample

Validation Population 3 - Claims and Claims Status - Quality Summary #3													
Sample		Total Sample	Invalid CWC Claims					Reporting Characteristic Errors				Claims Status Errors (ETA 218)	
			1 (Step 1B) Match	2 (Step 3A) (Step 3C) (Rule 1) Date Claim Filed	4 (Step 3) Type of Claim	Total Errors	Percent Error	3 (Step 2) Type of UI Program	6 (Step 5) Intrastate Interstate	Total Errors	Percent Error	8 (Step 6C) (Step 6D) Suff/ Insuff Date Wages Combined	Percent Error
Random	CWC Claims (12/3.34-3.39)						Divide by total sample				Divide by total sample		Divide by total sample
Supplemental	CWC Claims (12/3.34-3.39)												

Validation Population 3 - Claims and Claims Status - Quality Summary #4																
Sample		Total Sample	Invalid Additional Claims								Reporting Characteristic Errors					
			1 (Step 1A) Match	2 (Step 1B) (Step 3B) Date Claim Filed	4 (Step 3) Type of Claim	7 (Step 3B) (Rule 2) Unclaimed Week	8 (Step 3B) (Rule 3) Sep Date	9 (Step 3B) (Rule 4) Last Employer	10 (Step 3B) (Rule 5) Sep Reason	Total Errors	Percent Error	3 (Step 2) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intrastate Interstate	Total Errors	Percent Error
Random	Intrastate and Interstate Received as Liable State Additional Claims (16/3.49-3.54)										Divide by total sample					Divide by total sample

Validation Population 4 - Payments, Weeks Compensated - Quality Summary																			
		Total Sample	Invalid Payments				Reporting Characteristic Errors						Amounts Compensated Errors		Payments Time Lapse Errors				
			1 & 2 (Step 1C)	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G)			3 (Step 2)	4 (Step 4)	5 (Step 5)	7 (Step 10D) (Step 10E)			10-14 (Step 12A) (Step 12B) (Step 12C) (Step 12D) (Step 12E)		15 (Step 13)	16 (Step 14)	17 (Step 15)		
Samples			Match	Type of Compensation	Total Errors	Percent Error	Type of UI Program	Program Type	Intra/ Inter	Partial/ Total Weeks of Unemployment	Total Errors	Percent Error	Amount Errors	Percent Error	Week End Date	Mail Date	Time Lapse Calc	Total Errors	Percent Error
Random	First Payments (18/4.1-4.16)					Divide by total sample						Divide by total sample		Divide by total sample					Divide by total sample
	Continued Weeks Partial Payments (20/4.25-4.32)																		
	CWC First Payments (23/4.44-4.45)																		
	Random Total																		

Validation Population 4 - Payments, Weeks Compensated - Quality Summary																			
		Total Sample	Invalid Payments				Reporting Characteristic Errors						Amounts Compensated Errors		Payments Time Lapse Errors				
			1 & 2 (Step 1C)	6 (Step 10A) (Step 10B) (Step 10C) (Step 10F) (Step 10G)			3 (Step 2)	4 (Step 4)	5 (Step 5)	7 (Step 10D) (Step 10E)			10-14 (Step 12A) (Step 12B) (Step 12C) (Step 12D) (Step 12E)		15 (Step 13)	16 (Step 14)	17 (Step 15)		
Samples			Match	Type of Compensation	Total Errors	Percent Error	Type of UI Program	Program Type	Intra/ Inter	Partial/ Total Weeks of Unemployment	Total Errors	Percent Error	Amount Errors	Percent Error	Week End Date	Mail Date	Time Lapse Calc	Total Errors	Percent Error
Supplemental	First Payments Missing Strata (18/4.1-4.16)																		
	First Payments Outliers (18/4.1-4.16)																		
	Continued Weeks Total Payts. (19/4.17-4.24)																		
	Adjusted Payments (21/4.33-4.42)																		
	Self-Emp. Payts. (22/4.43)																		
	CWC Cont'd Payts. (24/4.46-4.47)																		
	CWC Adj'd Payts. (25/4.48-4.49)																		
	CWC Prior Weeks Compensated (26/4.50-4.51)																		
	Workshare Payts. (27/4.52-4.53)																		

Validation Population 5 - Non-monetary Determinations and Redeterminations - Quality Summary #1																					
		Total Sample	Invalid Determinations/Redeterminations				Reporting Characteristic Errors								Time Lapse Errors						
			1 & 2 (Step 1D)	6 (Step 16)	Total Errors	Percent Error	3 (Step 2)	4 (Step 4)	5 (Step 5)	7 (Step 17)	8 (Step 18)	14 (Step 23)	Total Errors	Percent Error	9 (Step 19)	10 (Step 20)	11 (Step 21)	12 (Step 22A)	13 (Step 22B)	Total Errors	Percent Error
Samples			Match	Det/Redet			Type of UI Program	Program Type	Intra/Inter	Single/Multi-claimant	Issue Types	Allow/Deny			First Week Affected	Detection Date	Notice Date	T.L. 1 Detection Notice	T.L. 2 Week Affected Detection		
Random	Single Claim Nonmons (28/5.1-5.60)					Divide by total sample								Divide by total sample							Divide by total sample
	Redets (30/5.65-5.70)																				
	Random Total																				
Supplemental	Single Claim Nonmons Missing Strata (28/5.1-5.60)																				
	Single Claim Nonmons Outliers (28/5.1-5.60)																				
	Multicclaim Nonmons (29/5.61-5.64)																				

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SAMPLE DATA SUBMITTED QUARTERLY BY ALL SESAs.**

	Validation Population 5 - Non-monetary Determinations ^a - Quality Summary #2										
Sample	Total Sample	Invalid Determination		Reporting Characteristic Errors				Time Lapse Errors			
		1 (Item 5)		4 (Item 5)	9 (Item 8)			13 (Item 12)	16 (Item 15)		
		No Issue (00)	Percent Error	Issue Types	Allow/ Deny	Total Errors	Percent Error	First Week Affected	Detection Date	Total Errors	Percent Error
Separation			Divide by total sample				Divide by total sample				Divide by total sample
Non-separation											
Total											

^aEach numbered column of this summary report contains (in parentheses) the applicable item number on the nonmonetary determination quality review data collection instrument (DCI).

Validation Populations 6 and 7 - Appeals Filed, Lower and Higher Authority - Quality Summary											
		Total Sample	Invalid Appeals Filed					Reporting Characteristic Errors			
			1 & 2 (Step 1E) Match	3 (Step 24A) (Step 24B) Lower/ Higher Authority Appeal	6 (Step 32) Date Filed	Total Errors	Percent Error	4 (Step 25A) (Step 25B) Date Filed	5 (Step 25B) Number of Claimants	Total Errors	Percent Error
Supplemental	Lower Authority (31/6.1-6.2)						Divide by total sample				Divide by total sample
	Higher Authority (32/7.1-7.2)										

Validation Populations 8 and 9 - Lower and Higher Authority Appeals Decisions (Single Claimant) - Quality Summary																						
		Total Sample	Invalid Decisions					Reporting Characteristic Errors										Time Lapse Errors				
			1 & 2 (Step 1E) (Step 1F)	6 (Step 24A) (Step 24B)	14 (Step 30A)			3 (Step 2)	4 (Step 4)	5 (Step 5)	7 (Step 25A) (Step 25B)	8 (Step 25B)	9 (Step 26)	10 (Step 27)	15 (Step 31)			11 (Step 32)	12 (Step 28)	13 (Step 29A)		
Samples			Match	Lower/ Higher Authority Appeal	Disposed of By Decision	Total Errors	Percent Error	Type of UI Program	Program Type	Intra/ Interstate	Single/ Multi- Claimant	Multi- claimants	Appellant	In Favor of Appellant	Issue Code	Total Errors	Percent Error	Filed Date	Decision Date	Time Lapse Calc	Total Errors	Percent Error
Random	Single Claimant Lower Authority (33/8.1-8.44)						Divide by total sample										Divide by total sample					Divide by total sample
	Single Claimant Higher Authority (35/9.1-9.12)																					
	Random Total																					
Supplemental	Single Claimant Lower Authority Missing Strata (33/8.1-8.44)																					
	Single Claimant Lower Authority Outliers (33/8.1-8.44)																					
	Multiclient Lower Authority (34/8.45-8.55)																					
	Single Claimant Higher Authority (35/9.1-9.12)																					
	Multiclient Higher Authority (36/9.13-9.23)																					

Validation Populations 10 and 11 - Appeals Case Aging, Lower and Higher Authority - Quality Summary											
		Total Sample	Invalid Appeals Pending					Time Lapse Errors			
			1 & 2 (Step 1E) (Step 1F) Match	3 (Step 24A) (Step 24B) Lower/ Higher Authority Appeal	5 (Step 30B) Appeal Pending	Total Errors	Percent Error	4 (Step 29B) Time Lapse Calculation	6 (Step 32) Filed Date	Total Errors	Percent Error
Supplemental	Lower Authority (37/10.1-10.7)						Divide by total sample				Divide by total sample
	Higher Authority (38/11.1-11.6)										

Validation Population 12 - Overpayments Established - Quality Summary															
		Total Sample	Invalid Decisions				Reporting Characteristic Errors						Overpayment Amount Errors		
			1 & 2 (Step 1G)	7 (Step 36) Date Overpay- ment Estab.	Total Errors	Percent Error	3 (Step 4) Program Type	4 (Step 33) Type of Overpay- ment	5 (Step 34) Cause of Overpay- ment	6 (Step 35) Detection Type	Total Errors	Percent Error	8 & 9 (Step 37) Amount Error	Total Errors	Percent Error
Random	Overpayments Established (39/12.1-12.14)					Divide by total sample						Divide by total sample			Divide by total sample
Supplemental	Overpayments Established Missing Strata (39/12.1-12.14)														
	Overpayments Established Outliers (39/12.1-12.14)														

Validation Population 13 - Overpayments Reconciliation Activities - Quality Summary														
		Total Sample	Invalid Decisions					Reporting Characteristic Errors				Overpayment Reconciliation Amount Errors		
			1 & 2 (Step 1H)	5 (Step 39)	6 (Step 38)			3 (Step 4)	4 (Step 33)			7 & 8 (Step 40)		
Sample			Match	Date of Activity	Activity	Total Errors	Percent Error	Program Type	Type of Overpayment	Total Errors	Percent Error	Amount Error	Total Errors	Percent Error
Random	Overpayments Reconciliation Transactions (40/13.1-13.22)						Divide by total sample				Divide by total sample			Divide by total sample
Supplemental	Overpayments Reconciliation Transactions Missing Strata (40/13.1-13.22)													
	Overpayments Reconciliation Transactions Outliers (40/13.1-13.22)													

Validation Population 14 - Overpayments Aging - Quality Summary														
Sample		Total Sample	Invalid Appeals Pending						Reporting Characteristic Errors					
			1 & 2 (Step 1G) Match	5 (Step 41) Outstand- ing Overpay- ment	8 (Step 42) UI Balance at End of Quarter	9 (Step 42) Federal Balance at End of Quarter	Total Errors	Percent Error	3 (Step 36) Date Establish- ed	4 (Step 4) Program Type	6 (Step 43) End of Reporting Period	7 (Step 43) Age of Receiv- ables in Days	Total Errors	Percent Error
Supplemental	Overpayments Aging (41/14.1-14.12)							Divide by total sample						Divide by total sample

Quality Sample Validation - Nonmonetary Determinations and Appeals - Quality Summary				
Sample	Total Sample	Correct Universe Yes/No	Randomly Selected Sample Yes/No	Comments
Nonmonetary Determinations Quality				
Appeals Quality				

APPENDIX G

**FREQUENCY DISTRIBUTION
AS A VALIDATION ALTERNATIVE**

A. PURPOSE

States are encouraged to automate the validation process as much as possible. One method of accomplishing this is through the use of frequency distributions, which can be useful for report validation (Module 1.1), duplicate detection (Module 1.2), and time lapse validation (Module 1.3). Frequency distributions are easily produced by general purpose data analysis software, such as SAS or SPSS. Frequency counts can also be produced using the Structured Query Language (SQL) programs that are components of relational database management systems (RDMS) such as Oracle, Ingres, Sybase, and Informix.

B. REPORT VALIDATION (MODULE 1.1)

Frequency distributions can be used for validating the reported counts of each data element for a given population. Producing a frequency count of each individual data element allows the validator to easily discern whether the characteristics for each transaction match the subpopulation specifications. Any misclassified transactions will affect the count totals for the given data element, indicating an error.

The following output provides an example of frequency distribution for the data elements that are validated for population 1 (weeks claimed), subpopulations 1.1 to 1.4.

Validation Population 1 - Weeks Claimed
Week Was Claimed During Reporting/Validation Period -- Jan. 1997

Subpop #	Type of UI Prog	Program Type	Inter/Intra
-----	-----	-----	-----
1.1	Reg. UI 9,214 Workshr. 0	UI 9,214 UCFE 0 UCX 0	Intra 9,214 Inter 0
	Date Week Claimed	Mon. Eligible	Excess Earnings
	-----	-----	-----
	Min. 01/02/97 Max. 01/31/97	Elig/Pend 9,214 Inelig. 0	No Excess 9,214 Ex. Earn. 0
	Duplicates: 0		

Subpop #	Type of UI Prog	Program Type	Inter/Intra
-----	-----	-----	-----
1.2	Reg. UI 1,308 Workshr. 0	UI 0 UCFE 1,308 UCX 0	Intra 1,308 Inter 0
	Date Week Claimed	Mon. Eligible	Excess Earnings
	-----	-----	-----
	Min. 01/02/97 Max. 01/31/97	Elig/Pend 1,308 Inelig. 0	No Excess 1,308 Ex. Earn. 0
	Duplicates: 1		

SSN	Week Claimed
-----	-----
123456789	01/18/97

Subpop #	Type of UI Prog	Program Type	Inter/Intra
-----	-----	-----	-----
1.3	Reg. UI 412 Workshr. 0	UI 0 UCFE 0 UCX 412	Intra 412 Inter 0
	Date Week Claimed	Mon. Eligible	Excess Earnings
	-----	-----	-----
	Min. 01/02/97 Max. 01/31/97	Elig/Pend 412 Inelig. 0	No Excess 412 Ex. Earn. 0
	Duplicates: 0		

Subpop #	Type of UI Prog	Program Type	Inter/Intra
-----	-----	-----	-----
1.4	Reg. UI 558 Workshr. 0	UI 558 UCFE 0 UCX 0	Intra 0 Inter 558
	Date Week Claimed	Mon. Eligible	Excess Earnings
	-----	-----	-----
	Min. 01/02/97 Max. 01/31/97	Elig/Pend 558 Inelig. 0	No Excess 558 Ex. Earn. 0
	Duplicates: 0		

C. DUPLICATE DETECTION

Using frequency distributions for detecting duplicates provides several benefits over a sampling approach. All duplicates in the population will be detected in the frequency counts, whereas a sample selected from the population might not include all of the duplicate records. Also, the number of duplicates in all subpopulations can be identified, rather than estimating for the population as a whole.

Following is an example of automated duplicate detection using a pseudopopulation of 100 records. This programming example is from SPSS. The procedure consists of three tasks:

1. Count the number of records in the population that match each unique combination of data elements displayed in Table 1.2.1 (page 1-21). For this example, using population 1, the duplicate detection criteria are the SSN and the week ending date for the week claimed.
2. Determine if the frequency count for any unique combination of data elements is greater than 1 (signaling a duplicate, triplicate, etc.).
3. Print the records for which duplicates have been detected and research to determine the cause for the duplicate and whether or not it is valid (population 5 may contain duplicate SSNs and notice dates which are valid).

Population 1 Printout
Sorted by Fields Specified in Appendix A

SUB_POP	SSN	PROG	INTR	DATE_CLM
1.1	103169824	UI	INTRA	12-07-1996
1.1	114302322	UI	INTRA	12-07-1996
1.1	114820851	UI	INTRA	12-07-1996
1.1	158332031	UI	INTRA	12-07-1996
1.1	199419779	UI	INTRA	12-07-1996
1.1	206325778	UI	INTRA	12-07-1996
1.1	223156786	UI	INTRA	12-07-1996
1.1	249389196	UI	INTRA	12-07-1996
1.1	268878084	UI	INTRA	12-07-1996
1.1	291880380	UI	INTRA	12-07-1996
1.1	336525496	UI	INTRA	12-07-1996
1.1	405263299	UI	INTRA	12-07-1996
1.1	414809943	UI	INTRA	12-07-1996
1.1	430532502	UI	INTRA	12-07-1996
1.1	540835751	UI	INTRA	12-07-1996
1.1	621443342	UI	INTRA	12-07-1996
1.1	667044310	UI	INTRA	12-07-1996
1.1	727457367	UI	INTRA	12-07-1996
1.1	753709790	UI	INTRA	12-07-1996
1.1	839859937	UI	INTRA	12-07-1996
1.1	850180098	UI	INTRA	12-07-1996
1.1	893659597	UI	INTRA	12-07-1996
1.1	908484071	UI	INTRA	12-07-1996
1.1	147914439	UI	INTRA	12-14-1996
1.1	190977112	UI	INTRA	12-14-1996
1.1	211514542	UI	INTRA	12-14-1996
1.1	266738935	UI	INTRA	12-14-1996
1.1	314815305	UI	INTRA	12-14-1996
1.1	397393477	UI	INTRA	12-14-1996
1.1	411822792	UI	INTRA	12-14-1996
1.1	425898888	UI	INTRA	12-14-1996
1.1	548676212	UI	INTRA	12-14-1996
1.1	557264407	UI	INTRA	12-14-1996
1.1	596250037	UI	INTRA	12-14-1996
1.1	652808721	UI	INTRA	12-14-1996
1.1	652808721	UI	INTRA	12-14-1996
1.1	857382491	UI	INTRA	12-14-1996
1.1	952043152	UI	INTRA	12-14-1996
1.1	956857335	UI	INTRA	12-14-1996
1.1	989036734	UI	INTRA	12-14-1996
1.1	109655245	UI	INTRA	12-21-1996
1.1	112947390	UI	INTRA	12-21-1996
1.1	118247773	UI	INTRA	12-21-1996
1.1	124214411	UI	INTRA	12-21-1996
1.1	124735490	UI	INTRA	12-21-1996
1.1	138687871	UI	INTRA	12-21-1996
1.1	164819250	UI	INTRA	12-21-1996
1.1	312191713	UI	INTRA	12-21-1996
1.1	401824698	UI	INTRA	12-21-1996
1.1	434255182	UI	INTRA	12-21-1996

SUB_POP	SSN	PROG	INTR	DATE_CLM
1.1	542641094	UI	INTRA	12-21-1996
1.1	556259206	UI	INTRA	12-21-1996
1.1	590638414	UI	INTRA	12-21-1996
1.1	636970144	UI	INTRA	12-21-1996
1.1	646203450	UI	INTRA	12-21-1996
1.1	702435351	UI	INTRA	12-21-1996
1.1	702743011	UI	INTRA	12-21-1996
1.1	752230301	UI	INTRA	12-21-1996
1.1	855777635	UI	INTRA	12-21-1996
1.1	891608980	UI	INTRA	12-21-1996
1.1	986005741	UI	INTRA	12-21-1996
1.2	192346736	UCFE	INTRA	12-07-1996
1.2	566942514	UCFE	INTRA	12-07-1996
1.2	318160273	UCFE	INTRA	12-14-1996
1.2	920129052	UCFE	INTRA	12-14-1996
1.2	498529097	UCFE	INTRA	12-21-1996
1.2	572495227	UCFE	INTRA	12-21-1996
1.3	171119788	UCX	INTRA	12-07-1996
1.3	304700436	UCX	INTRA	12-07-1996
1.3	871100494	UCX	INTRA	12-07-1996
1.3	513910126	UCX	INTRA	12-14-1996
1.3	218605167	UCX	INTRA	12-21-1996
1.3	712494912	UCX	INTRA	12-21-1996
1.4	112176289	UI	INTER	12-28-1996
1.4	125531315	UI	INTER	12-28-1996
1.4	128841702	UI	INTER	12-28-1996
1.4	137462526	UI	INTER	12-28-1996
1.4	182088690	UI	INTER	12-28-1996
1.4	191336727	UI	INTER	12-28-1996
1.4	237871167	UI	INTER	12-28-1996
1.4	309477028	UI	INTER	12-28-1996
1.4	309477028	UI	INTER	12-28-1996
1.4	405263880	UI	INTER	12-28-1996
1.4	444060774	UI	INTER	12-28-1996
1.4	524861016	UI	INTER	12-28-1996
1.4	618438637	UI	INTER	12-28-1996
1.4	680311340	UI	INTER	12-28-1996
1.4	688509228	UI	INTER	12-28-1996
1.4	690949878	UI	INTER	12-28-1996
1.4	705726043	UI	INTER	12-28-1996
1.4	756791274	UI	INTER	12-28-1996
1.4	779759423	UI	INTER	12-28-1996
1.4	895558086	UI	INTER	12-28-1996
1.4	953571569	UI	INTER	12-28-1996
1.4	978836072	UI	INTER	12-28-1996
1.5	145048539	UCFE	INTER	12-28-1996
1.5	339376095	UCFE	INTER	12-28-1996
1.5	974379781	UCFE	INTER	12-28-1996
1.6	151269332	UCX	INTER	12-28-1996
1.6	350909675	UCX	INTER	12-28-1996

Number of cases read: 100 Number of cases listed: 100

Computer Code to Identify Duplicates From Population 1

```
aggregate outfile='dupl.tab' /break=ssn date_clm /records=nu  
match files table='dupl.tab' /file=* /by=ssn date_clm  
select if (records gt 1)  
list vars=sub_pop ssn prog intr date_clm
```

SUB_POP	SSN	PROG	INTR	DATE_CLM
1.4	309477028	UI	INTER	12-28-1996
1.4	309477028	UI	INTER	12-28-1996
1.1	652808721	UI	INTRA	12-14-1996
1.1	652808721	UI	INTRA	12-14-1996

Number of cases read: 4 Number of cases listed: 4

D. TIME LAPSE VALIDATION (MODULE 1.3)

Frequency distributions can also be used for validating the time lapse categories. The frequency count for each time lapse range should be compared with the reported count. Generally, time lapse calculations will either be entirely valid or entirely invalid, depending on the accuracy of the program that calculates the time lapse.

Validation Population 8 - Lower Authority Appeals Decision Date Falls Within Reporting/Validation Period -- Jan. 1997

Time Lapse Summary

Total Population	1,245
< = 30	612
31-45	271
46-60	189
61-75	103
76-90	62
91-120	8
> 120	0